

Pope 36 #10

STATE OF NEW MEXICO
ENERGY, MINERALS, AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
DIVISION FOR THE PURPOSE OF
CONSIDERING:

CASE NO. 14612
ORDER NO. R-13387

APPLICATION OF CELERO ENERGY II, LP FOR APPROVAL OF A
COOPERATIVE WATERFLOOD PROJECT, AND TO QUALIFY THE
PROJECT FOR THE RECOVERED OIL TAX RATE, LEA COUNTY, NEW
MEXICO.

ORDER OF THE DIVISION

BY THE DIVISION:

This case came on for hearing at 8:15 a.m. on March 31, 2011, at Santa Fe, New Mexico, before Examiner Terry Warnell.

NOW, on this 5th day of May, 2011, the Division Director, having considered the testimony, the record, and the recommendations of the Examiner,

FINDS THAT:

1. Due public notice has been given, and the Division has jurisdiction of this case and its subject matter.
2. The applicant, Celero Energy II, LP ("Celero" or "Applicant"), seeks authority to institute a cooperative waterflood project in a portion of the Denton-Devonian Pool (16910) by injection of produced Devonian water. The Applicant is the operator in the Devonian formation of the three leases described below, insofar as they cover the following described 320 acres of fee lands:

TOWNSHIP 14 SOUTH, RANGE 37 EAST, NMPM

Section 25: S/2 SW/4	(Buckley Lease)
Section 36: W/2 NE/4	(W.T. Mann Lease)
Section 36: NW/4	(T.D. Pope 36 Lease)

**Application of Wishbone Texas Operating
Company, LLC
Case No. 20406
NMOCD Order EXHIBIT #1**

3. The applicant further requests approval to inject Devonian produced water into the following two proposed injection wells in Lea County, New Mexico:

<u>Well Name & Number</u>	<u>API No.</u>	<u>Well Location</u>
W.T. Mann A Well No. 2	30-025-05204	Unit B, Section 36, T-14 South, R-37 East
T.D. Pope 36 Well No. 10	30-025-39999	Unit D, Section 36, T-14 South, R-37 East

4. Applicant further requests that the project be called the Denton Devonian Waterflood Project.

5. Celero further seeks provisions allowing for the administrative approval of additional injection wells and seeks to qualify the proposed project as an "Enhanced Oil Recovery Project" pursuant to the "Enhanced Oil Recovery Act" (NMSA 1978 Sections 7-29A-1 through 7-29A-5, as amended).

6. The proposed 320-acre project area is fully contained within the Denton-Devonian Pool.

7. No other parties entered an appearance in this case or otherwise indicated opposition to the cooperative waterflood project.

8. Celero presented the testimony of land director Jim Grisham as follows:

(a) Celero seeks to institute a cooperative waterflood project consisting of three fee leases.

(b) Celero also requests approval to inject produced Devonian formation water into two Devonian wells.

(c) Celero is the operator of these three fee leases in the Devonian formation and has Devonian working interest in all three leases.

(d) Surface owner of the entire 320-acre project area is Mr. Donald Spears.

9. Celero presented the testimony of petroleum geologist John Baker as follows:

(a) The primary stratigraphic interval of interest in the proposed Denton Devonian Waterflood Project is the Celero Devonian, which is continuous across the project area. The low porosity highly fractured Devonian aged rock contains hydrocarbons and is a good candidate for water injection.

(b) The cross-section from West to East across the project area shows the consistency of the reservoir. When the Type Log and the Structure Map are compared, it is clear that the portion of the reservoir that is the proposed waterflood is reasonably defined by development.

- (c) The project area shows good continuity, the entire proposed unit area should contribute enhanced recovery reserves, and it is well suited for secondary recovery operations.
 - (d) The entire project area reservoir is capped by the Woodford Shale and there is no Woodford Shale production in the area.
10. Celero presented the testimony of petroleum engineer John Anderson as follows:
- (a) The secondary recovery operation will be initiated with two injection wells and six production wells.
 - (b) Each of the two proposed injection wells is expected to take an average of 10,000 barrels of produced Devonian water per day, with a maximum of about 20,000 barrels per well per day.
 - (c) Injection pressures are expected to initially be low and will likely start on a vacuum. The proposed maximum surface injection pressure for each injection well is based on 0.2 psig per foot of depth to the top of the injection interval. If a higher pressure is needed, Celero will justify the pressure increase with a step rate test.
 - (d) There are four plugged and abandoned wells in the two areas of review that penetrated into the Devonian formation.
 - (e) There is no evidence of inadequately cemented wellbores between the proposed waterflood interval and protectable waters. The proposed injection operation will not pose a threat to any freshwater supplies.
 - (f) The fresh ground water in this area consists of the Ogallala formation that produces from intervals approximately 193 feet in depth.
11. Celero estimates that it will cost approximately \$4.3 million dollars to implement waterflood operations within the proposed project area. Estimated value of incremental production on a cash value basis is approximately \$1.3 million.
12. Celero estimates that implementation of the proposed secondary recovery project will result in the recovery of an additional 200,000-250,000 barrels of oil that would otherwise not be recovered, thereby preventing waste.
13. The proposed waterflood project should be approved, and Celero should be authorized to utilize its W.T. Mann A Well No. 2 and T.D. Pope 36 Well No. 10 as injection wells within the project area.

14. The applicant further seeks to qualify the waterflood project as an "Enhanced Oil Recovery Project" pursuant to the "Enhanced Oil Recovery Act" (NMSA 1978 Sections 7-29A-1 through 7-29A-5).

15. The evidence presented demonstrates that:

- (a) the application for approval of the proposed secondary recovery project has not been prematurely filed either for economic or technical reasons;
- (b) the area affected by the proposed project has been so depleted by primary operations that it is prudent to apply secondary recovery techniques to maximize the ultimate recovery of crude oil from the pool; and
- (c) the proposed secondary recovery project meets all the criteria for certification by the Division as a qualified "Enhanced Oil Recovery Project" pursuant to the "Enhanced Oil Recovery Act" (NMSA 1978 Sections 7-29A-1 through 7-29A-5).

16. At such time as a positive production response occurs, and within five years from the date of this order, the applicant must apply to the Division for certification of a positive production response. This application shall identify the area benefiting from enhanced oil recovery operations and the specific wells eligible for the EOR tax rate. The Division may review the application administratively or set it for hearing. Based upon the evidence presented, the Division will certify to the New Mexico Taxation and Revenue Department those wells that are eligible for the EOR tax rate.

IT IS THEREFORE ORDERED THAT:

1. Celero Energy II, LP is hereby authorized to institute a cooperative waterflood project that shall comprise the following described 320 acres, more or less, of fee lands located in Lea County, New Mexico:

TOWNSHIP 14 SOUTH, RANGE 37 EAST, NMPM

Section 25: S/2 SW/4	(Buckley Lease)
Section 36: W/2 NE/4	(W.T. Mann Lease)
Section 36: NW/4	(T.D. Pope 36 Lease)

2. Celero is further authorized to inject produced Devonian water into the Devonian formation, through the following two wells, in Lea County, New Mexico:

<u>Well Name & Number</u>	<u>API No.</u>	<u>Well Location</u>	<u>Inject. Zone</u>
W.T. Mann A Well No. 2	30-025-05204	Section 36, T-14S, R-37E	12376-12900
T.D. Pope 36 Well No. 10	30-025-39999	Section 36, T-14S, R-37E	12175-12720

injection operations into the well; provided, however, the Division, upon written request by the operator, may grant an extension for good cause.

13. The Denton Devonian Waterflood Project is hereby certified as an "Enhanced Oil Recovery Project." The project area shall initially comprise the area described in Ordering Paragraph No. (1), provided however, the project area and/or the producing wells eligible for the enhanced oil recovery (EOR) tax rate may be contracted and reduced based upon the evidence presented by the applicant in its demonstration of a positive production response.

14. At such time as a positive production response occurs, and within five years from the date of this order, the applicant must apply to the Division for certification of a positive production response. This application shall identify the area benefiting from enhanced oil recovery operations and the specific wells eligible for the EOR tax rate. The Division may review the application administratively or set it for hearing. Based upon the evidence presented, the Division will certify to the New Mexico Taxation and Revenue Department those wells that are eligible for the EOR tax rate.

15. The injection authority granted under this order is not transferable except upon Division approval. The Division may require the operator to demonstrate mechanical integrity of any injection well that will be transferred prior to approving transfer of authority to inject.

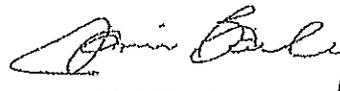
16. The Division may revoke the injection authority for any well after notice and hearing if the operator is in violation of 19.15.5.9 NMAC.

17. Compliance with this order does not relieve the operator of the obligation to comply with other applicable federal, state or local laws or rules, or to exercise due care for the protection of fresh water, public health and safety and the environment.

18. Jurisdiction is retained by the Division for the entry of such further orders as may be necessary for the prevention of waste and/or protection of correlative rights or upon failure of the operator to conduct operations (i) to protect fresh or protectable waters or (ii) consistent with the requirements in this order, whereupon the Division may, after notice and hearing, or without notice and hearing in case of emergency, terminate the injection authority granted herein.

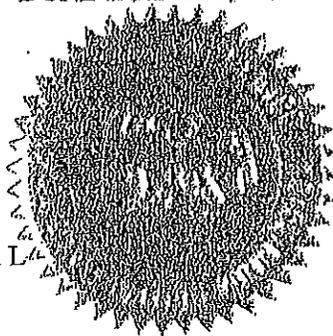
DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION



JAMI BAILBY
Director

SEAL



Township 14 South, Range 37 East, N.M.P.M. (Buckley Lease)

Section 25: S $\frac{1}{2}$ SW $\frac{1}{4}$

Township 14 South, Range 37 East, N.M.P.M. (W.T. Mann Lease)

Section 36: W $\frac{1}{2}$ NE $\frac{1}{4}$

Township 14 South, Range 37 East, N.M.P.M. (T.D. Pope 36 Lease)

Section 36: NW $\frac{1}{4}$

**EXHIBIT 3 – CASE NO. 20406
APPLICATION OF WISHBONE TEXAS
OPERATING COMPANY, LLC FOR
REINSTATEMENT OF INJECTION WELL PERMITS
TO ENHANCE OIL RECOVERY IN
DENTON DEVONIAN WATERFLOOD**

**OPERATORS/LEASEHOLD OWNERS WITHIN 1/2 MILE AOR FOR
T D POPE 36 WELL NO. 10 and W T MANN A WELL NO. 2**

Portions of Sections 25 T14S, R 37E and Sections 30 and 31 of T14S, R38E

1) SE4 of Section 25 T14S, R 37E:

Occidental Oil and Gas Corporation
ATTENTION: LAUREN GUEST
Land Department
5 Greenway Plaza, Suite 110
Houston, TX, 77046-0521

2) SW4SW4 of Section 30 T14S, R 38E:

Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Marc Appleton
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lee Appleton
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Peter Appleton
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lynne Appleton
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Nina Potter created under the will of
Angelica S. Bryce, deceased
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Clifford Potter created under the will
of Angelica S. Bryce, deceased
PO Box 5383

**Application of Wishbone Texas Operating
Company, LLC
Case No. 20406
Operators/ WI Owners EXHIBIT #3**

Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Angelica Schuyler Roop created under the will of Angelica S. Bryce, deceased

PO Box 5383

Denver, CO 80217

Karl Mark Dunlap

127 A. Chevy Chase Street

Gaithersburg MD 20878

Christopher L. Doran

15 Stranhope Street

Mt. Gravatt

Queensland,4122 Australia

Edwin Kim Dunlap

3019 Del Cerro

Almogordo, NM 88310

Margaret D. Barklind

605 Sudden Valley

Bellingham WA 98229

Ursel S. Doran

1421 N. Virginia, Apt A.

Reno, NV 89503

Edward Armstrong Elkan Jr., by his Attorney in Fact, Harold Alston Elkan

3731 Shade tree Terrace

Portage, MI 49024-1036

Harold Alston Elkan and Nancy Hastings Elkan, Joint Tenants

3731 Shade tree Terrace

Portage, MI 49024-1036

James Reed McCrory

PO Box 25764

Albuquerque, NM 8712-0764

Western Commerce Bank, Trustee of the W.T. Reed Trust OF

PO Box 1627

Lovington, NM 88260-1627

John David Dunlap

PO Box 1259

Crown Point, NM 87313

3) W2NW4 of Section 31 T14S, R38E

James Reed McCrory
PO Box 25764
Albuquerque, NM 8712-0764

Western Commerce Bank, Trustee of the W.T. Reed Trust OF
PO Box 1627
Lovington, NM 88260-1627

Herd Partners Ltd.
PO Box 130
Midland, TX 79702

Jane B. Ramsland Oil and Gas Partnership
Christy B. Mallams
V. Elaine Barnes
Steven C. Barnes
Laurie B. Barr
Julie Ellen Barnes
Shirley B. Wynn
PO Box 10505
Midland, TX 79702

Wells Fargo Bank, N.A., Trustee for the Lois Mae Wallace Revocable Trust "A"
PO Box 1959
Midland, TX 79702

Bank of America N.A., and Brian Tony Kirk co Trustees of the Golda Raechel Watkins Trust
PO Box 830308
Dallas, TX 75283

Bank of America N.A., and Brian Tony Kirk co Trustees of the Monte Forrest Byers Trust
PO Box 830308
Dallas, TX 75283

Bank of America N.A., and Brian Tony Kirk co Trustees of the Edward Wesley Salem Trust
PO Box 830308
Dallas, TX 75283

Alton C. White, Jr.
31 12 Above Stratford Place
Austin, TX 78746

Muirfield Resources Company
PO Box 3166
Tulsa, OK 74101-3166

Silverado Oil and Gas, LLP
PO Box 52308
Tulsa, OK 74152

Waikiki Partners, LP
PO Box 2127
Midland, TX 79702

Live Oak Mineral Partners
PO Box 341981
Austin, TX 78734

Devon Production Company, LP
20 N. Broadway
OKC, OK 73102

Clifford N. Hair, Jr.
PO Box 8122
Midland, TX 79708

Cimarex Energy Co.
15 East 5th Street, Suite 1000
Tulsa, OK 74103

BUCKLEY LEASE

PARTY

WISHBONE TEXAS OPERATING COMPANY, LLC	98.63496%
ROY G. BARTON, et al	1.16961%
J.T. HANNERS	0.09770%
TRABAJO DEL SPEAR, LP	0.09773%
TOTAL	100.0000%

T. D. POPE 36 LEASE

PARTY

WISHBONE TEXAS OPERATING COMPANY, LLC	98.33334%
HERD OIL AND GAS CO.	1.66666%
TOTAL	100.0000%

MANN LEASE

PARTY

WISHBONE TEXAS OPERATING COMPANY, LLC	100.000000%
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W. H. Fort "A" #1 330' FSL & 2330' FEL of Sec. 25, T14S, R37E, Unit Letter "O"

API # 30-025-05116

P&A'd Well 11-76

aka, Denton North Wolfcamp 1

spud 11-12-54

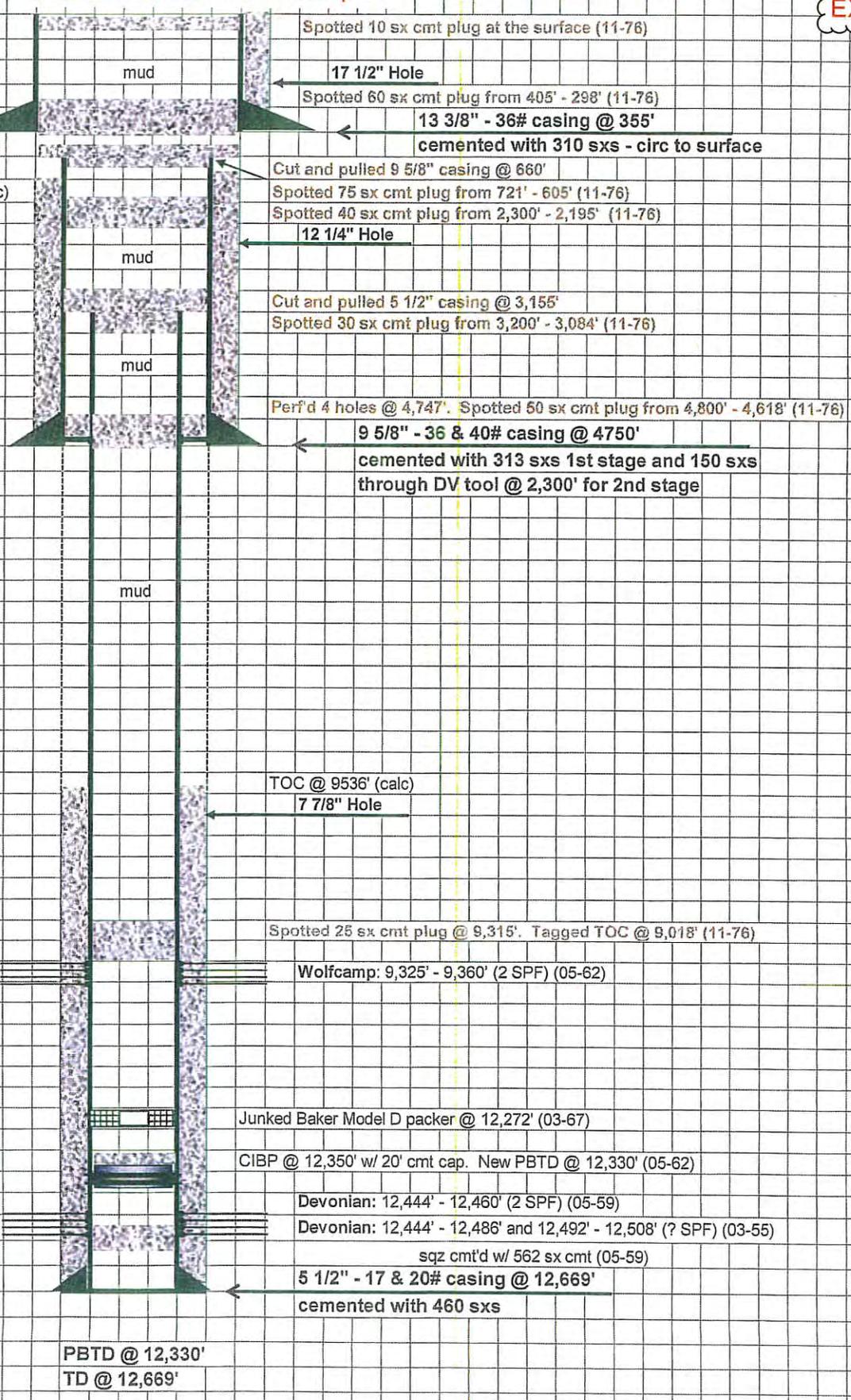
EXHIBIT H

Spud: 11/12/54

Compl: 3/20/55

TOC @ 1735' (calc)

Elev: 3814' DF



PBTD @ 12,330'
TD @ 12,669'

W. H. Fort "A" # 2 1930' FSL & 2310' FEL of Sec. 25, T14S, R37E, Unit Letter "J"

API # 30-025-05117

P&A'd Well 11-76

aka, Denton North Wolfcamp 2

spud 3-27-55

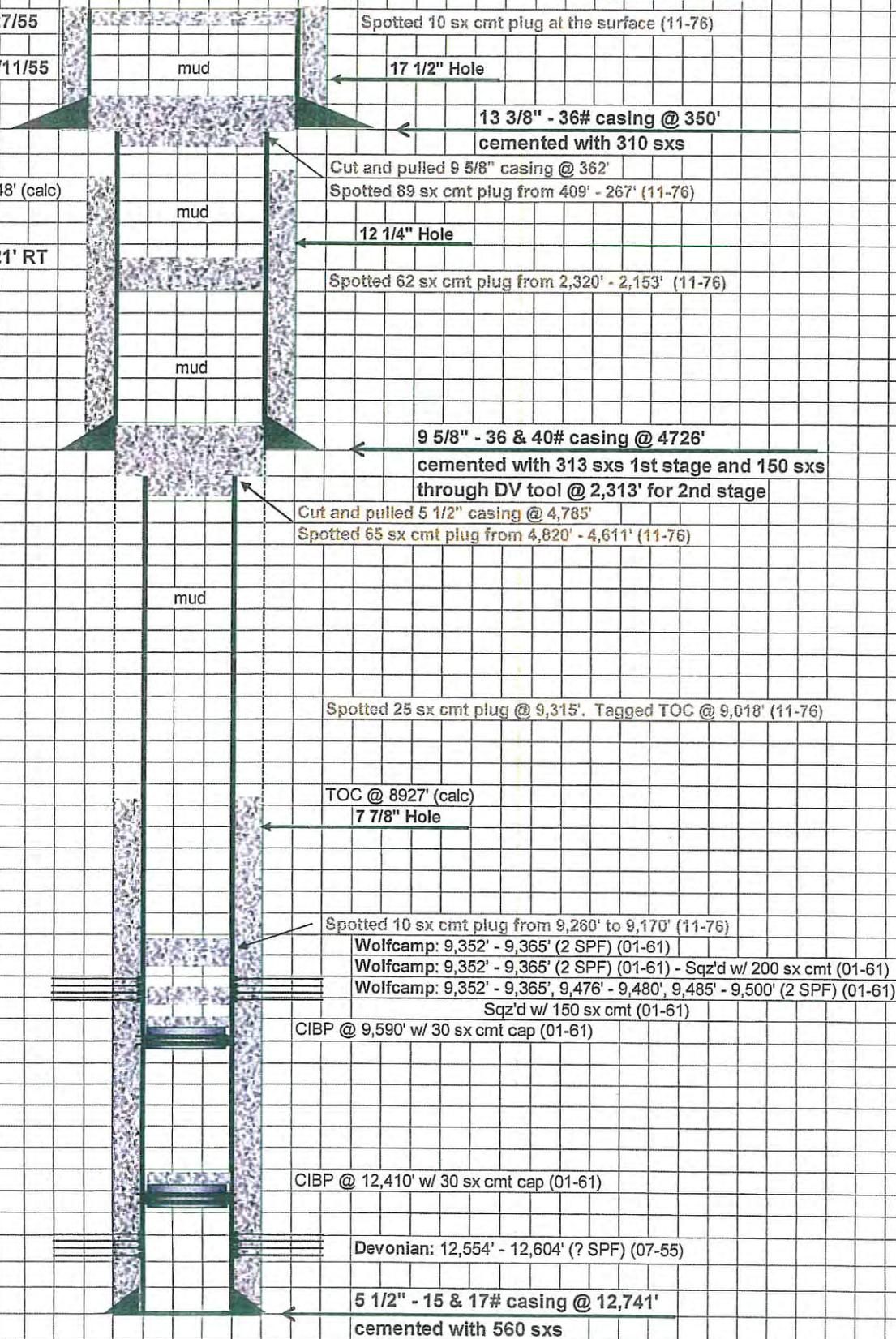
EXHIBIT H

Spud: 3/27/55

Compl: 7/11/55

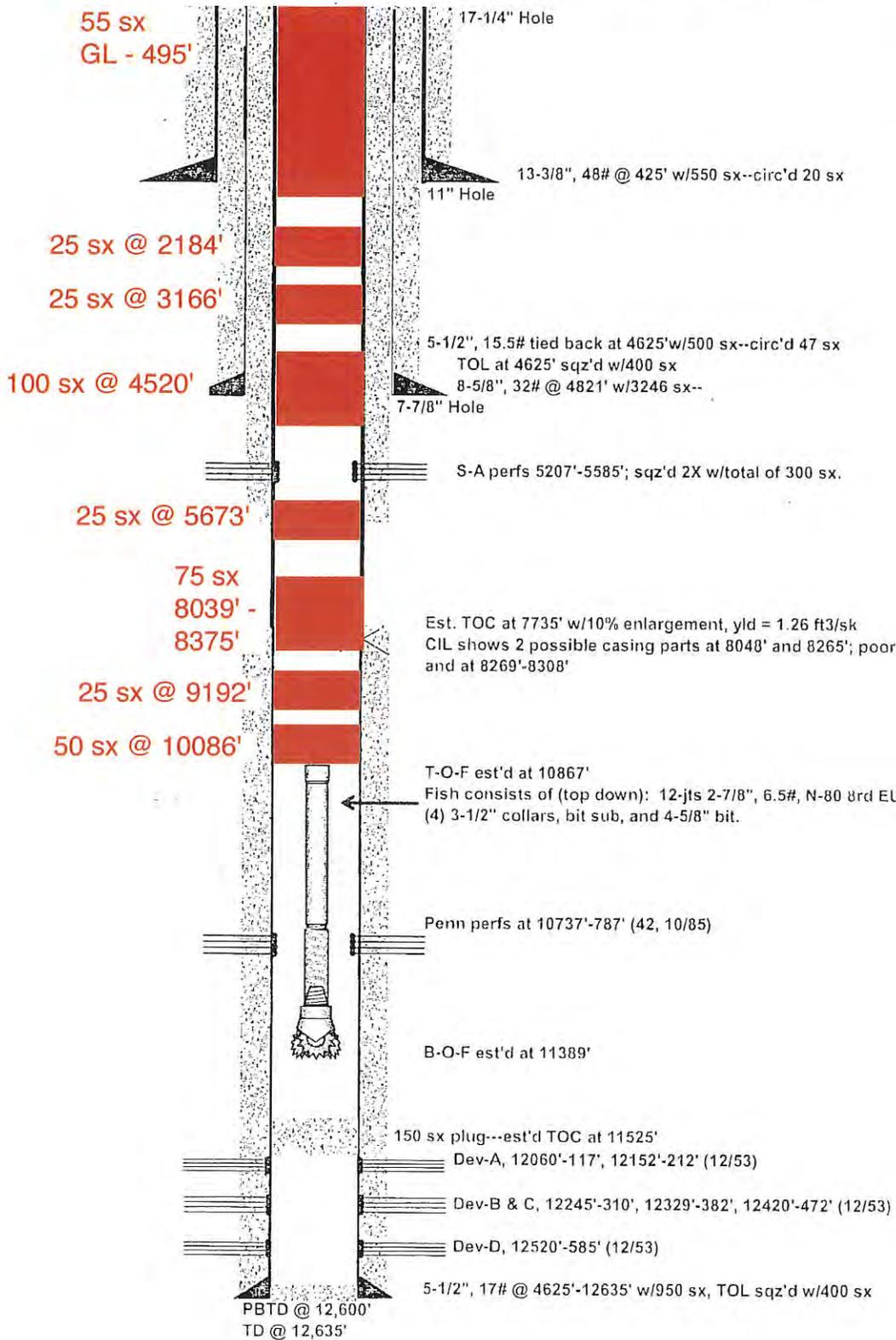
TOC @ 1748' (calc)

Elev: 3821' RT



PBTD @ 9,397'
TD @ 12,741'

T. D. Pope "35" #21 - 660' FNL & 660' FEL of Sec. 35, T-14S, R37E - Unit Letter "A"
Formerly T. D. Pope #21 (Magnolia Petroleum Co.)



Spud: 8/53
 Compl: 12/53
 ELEV: 3818' KB, 12' AGL
 API # 30-025-05195
 MWM-12/13/10
P&A 12-17-10

- T-Anhy @ 2166'
- T-Yates @ 23148'
- T-SA @ 4645'
- T-GL @ 6170'
- T-Tubbs @ 7280'
- T-Abo @ 7983'
- T-Wfcp @ 9172'
- T-Penn @ 9210'
- T-Miss @ 11185'
- T-Wdfd @ 11920'
- T-Dev @ 12023'

CELERO ENERGY

spud 8-17-53

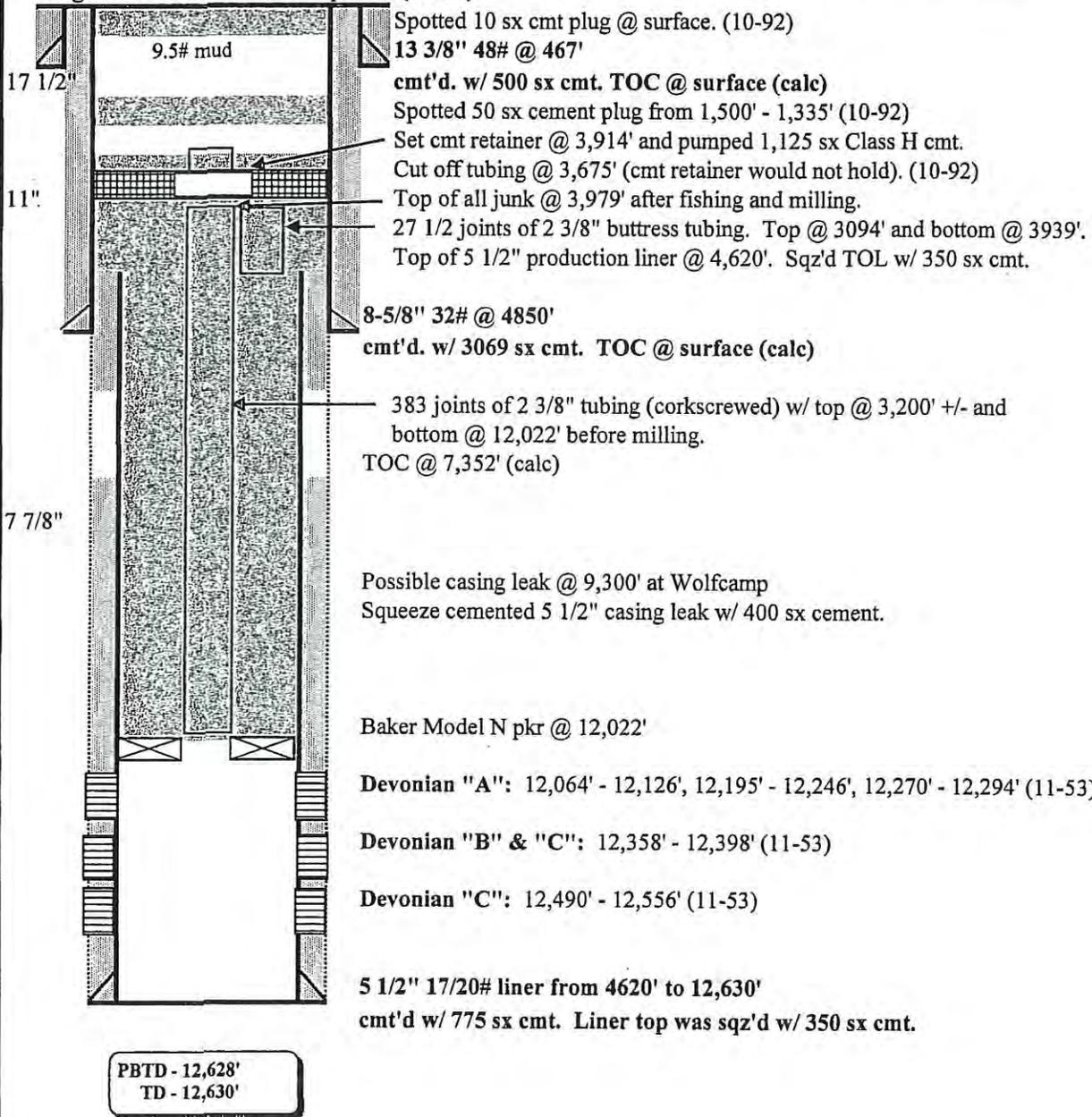
FIELD: Denton
LEASE/UNIT: T. D. Pope "35"
COUNTY: Lea

aka, T D Pope 23

DATE: Mar. 31, 2009
BY: JEA
WELL: 23
STATE: New Mexico

Location: 1980' FNL & 660' FEL, Sec 35(H), T14S, R37ECM
 SPUD: 08/53 COMP: 11/53
 CURRENT STATUS: P&A'd Devonian Producer (10-92)
 Original Well Name: T. D. Pope #20 (Mobil)

KB = 3,818'
GL = 3,806'
API = 30-025-05197



W. T. Mann "A" #3 1980' FNL & 2310' FEL of Sec. 36, T14S, R37E, Unit Letter "G"

API # 30-025-05205

P&A Well 10-82

aka, Denton North Wolfcamp 3

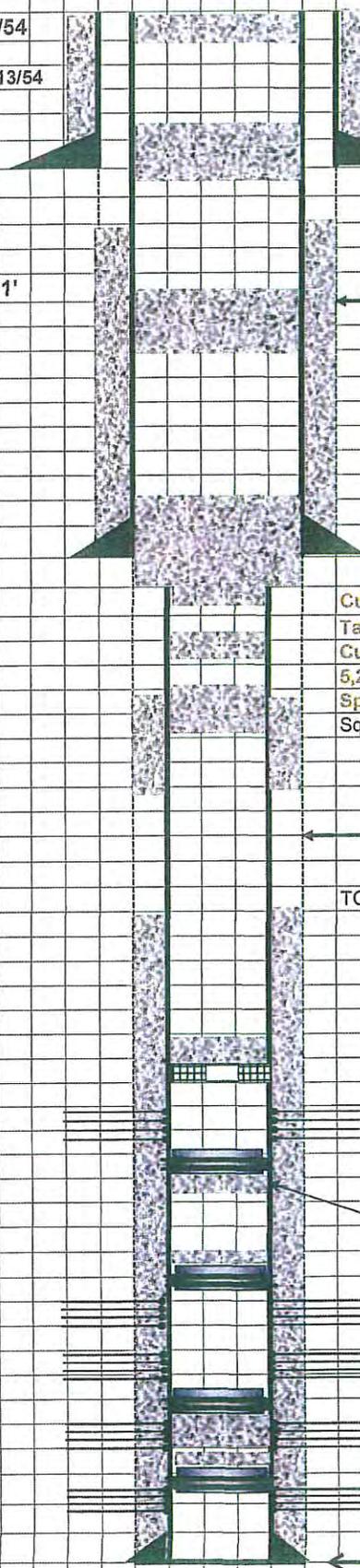
spud 8-4-54

EXHIBIT H

Spud: 8/5/54

Compl: 12/13/54

Elev: 3801'



Spotted 30' cmt plug at the surface. (10-82)

17 1/4" Hole

Spotted 40 sx cmt from 372' - 250'. (10-82)

13 3/8" - 36# casing @ 318'

cemented with 375 sxs - circ

TOC @ 1,030' (T.S.)

12 1/2" Hole

Spotted 60 sx cmt from 2,093' - 1,900'. (10-82)

9 5/8" - 36# casing @ 4789'

cemented with 2500 sxs - TOC @ 1,030' per T. S.

Cut and pulled 7" casing @ 4,820'. Spotted 75 sx cmt from 4,870' - 4,600'.

Tagged TOC @ 4,630'. (10-82)

Cut 7" casing @ 5,205' and could not pull casing. Spotted 30 sx cmt from

5,260' - 5,160'. (10-82)

Spotted 50 sx cmt across casing holes @ 6,049'. Tagged TOC @ 5,904'. (10-82)

Sqz cemented 7" casing leak from 6,049' - 7,460' w/ 200 sx Incor cmt (09-69)

8 3/4" Hole

TOC @ 8,060' (T.S.)

Baker Model D packer @ 9,252' w/ DR plug. Spotted 30 sx cmt on top of packer (10-75).

Wolfcamp: 9,284' - 9,288', 9,292', 9,294', 9,299' - 9,302', 9,310' - 9,312', 9,316' - 9,318',
9,424' - 9,430', and 9,434' - 9,436' (2 SPF) (01-66)

Perf 4 shots @ 9,502'. Set cmt retainer @ 9,483' and squeeze cemented perfs @ 9,502' w/ 50 sx Incor cmt. New PBTD @ 9,483'.

CIBP @ 12,345' w/ 3 sx cement cap (01-66)

Devonian: 12,410' - 12,460' (4 SPF) (11-58)

Devonian: 12,476' - 12,507' (4 SPF) (10-57)

Cmt Retainer @ 12,510' and sqz'd w/ 100 sx cmt (10-57)

Devonian: 12,528' - 12,552' (4 SPF) (12-54) (Sqz'd w/ 100 sx cmt 10-57)

CIBP @ 12,570' w/ 1 sx cement cap (10-57)

Devonian: 12,590' - 12,600', 12,610' - 12,636' (4 SPF) (12-54)

7" - 29# casing @ 12,641'

cemented with 600 sxs - TOC @ 8,060' per T. S.

PBTD @ 9,483'

TD @ 12,642'

W.T. MANN "B" #4

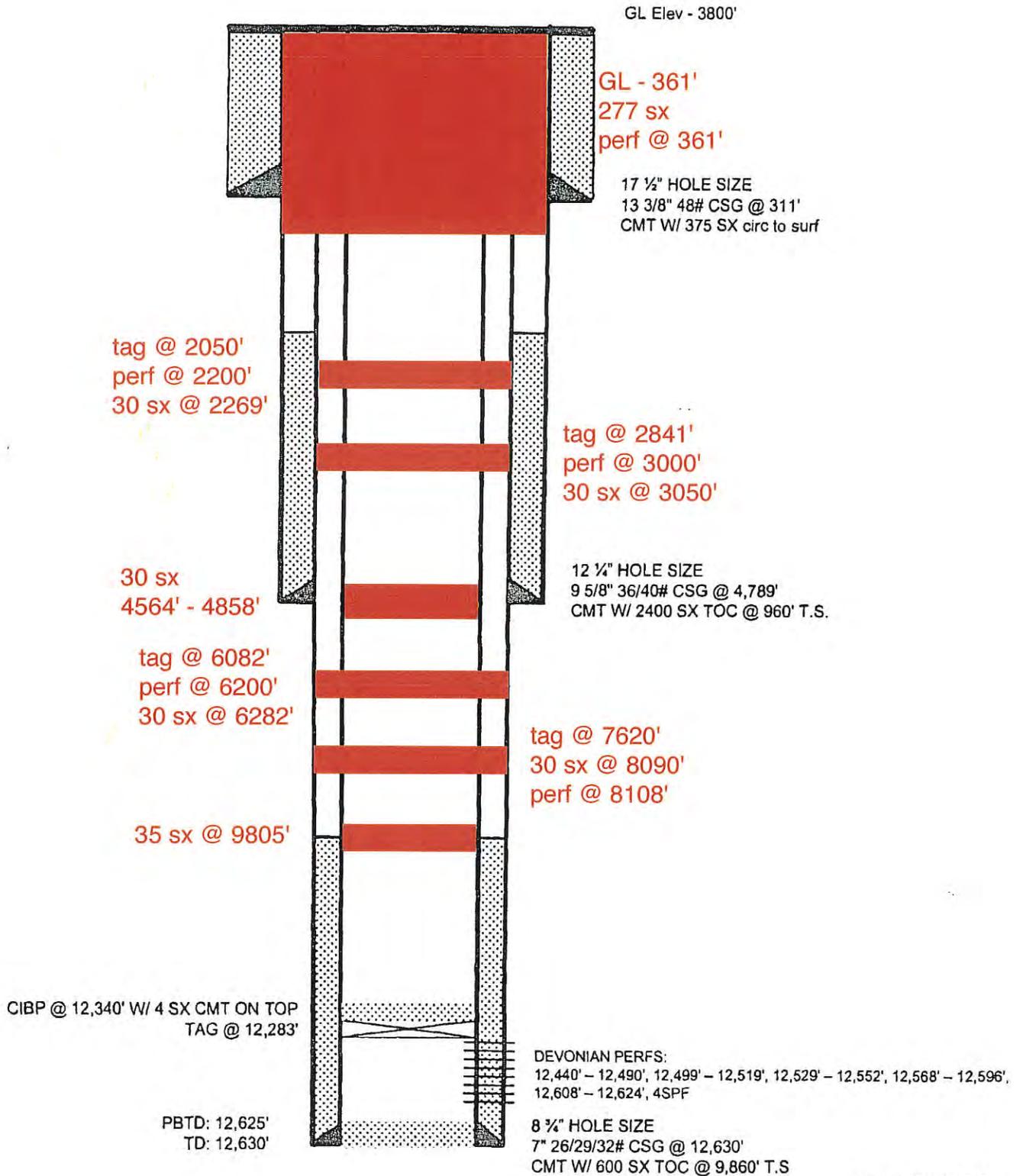
API # 30-025-05207

1980' FSL, 2310' FEL, SEC 36, T14S, R37E, UNIT LETTER "J"

SPUD 02/04/55

P&A 10-22-15

EXHIBIT H



WATER SAMPLES FROM T14S, R37E

API	Section	Formation	TDS mgL	chloride mgL	bicarbonate mgL	sulfate mgL
3002505117	25	DEVONIAN	73208	44687	298	241
3002505150	26	DEVONIAN	75330	44300	950	1350
3002505150	26	DEVONIAN	79880	47600	480	1150
3002505145	26	DEVONIAN	62067	36545	123	1636
3002505149	26	DEVONIAN	78980	47014	198	1632
3002505157	27	DEVONIAN	55652	32200	510	1650
3002505157	27	DEVONIAN	58223	33830	414	1723
3002505157	27	DEVONIAN	25701	15600	292	84
3002505161	27	DEVONIAN	56014	32400	660	1530
3002505170	34	DEVONIAN	16740			
3002505167	34	DEVONIAN	70556	42818	255	1539
3002505167	34	DEVONIAN	56334	32978	377	1694
3002505167	34	DEVONIAN	53954	31311	471	1688
3002505167	34	DEVONIAN	55110	32091	443	1667
3002505170	34	DEVONIAN	56969	32918	627	1670
3002505177	35	DEVONIAN	107201	63030	451	2664
3002505176	35	DEVONIAN	52480	30176	578	1694
3002505176	35	DEVONIAN	51823	29857	528	1667
3002505176	35	DEVONIAN	56494	33000	522	1562
3002505176	35	DEVONIAN	52388	30000	491	2040
3002505180	35	DEVONIAN	57934	33720	586	1505
3002505178	35	DEVONIAN	60800	35400	581	1510
3002505177	35	DEVONIAN	65100	37800	216	1540
3002505175	35	DEVONIAN	56800	33000	511	1590
3002505179	35	DEVONIAN	57500	35600	469	1410
3002505215	36	DEVONIAN	84839	50557	379	1094
3002505121	25	PENNSYLVANIAN	97228	58600	305	1237
3002505202	35	WOLFCAMP	64808			
3002505194	35	WOLFCAMP	7300	4170	378	0

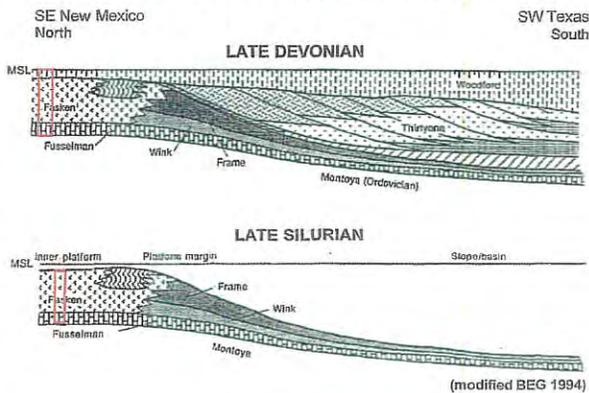
Denton Silurian/Devonian Stratigraphy & Denton Field Area Type Log

Denton Area Stratigraphic Column

STRATIGRAPHY EXPLANATION: The Denton Field is historically referred to as Devonian in age but is actually Silurian in age. More precisely, the section is the Fasken Member of the Wristen Formation (see stratigraphic column below). However, because the Wristen Group and Fusselman formations are difficult to segregate the section is simply referred to as the "Silurian" (see depositional relationship diagram below). The yellow highlight denotes the Denton Field Stratigraphy.

System	Series	Stage	Time (m.y.)	Sea-level fall	SE N. Mexico
DEVONIAN	Upper	Famennian	357		Woodford
		Frasnian	377		
	Middle	Givetian	381		
		Eifellian	386		
	Lower	Emsian	390		
		Pragian	396		Thirtyone (Eroded @ Denton)
		Lochkovian	409		
	SILURIAN	Pridolian	411		Wristen Group
Ludlovian		424		Frame	
Wenlockian		430		Wink	
Llandoveryan		439		Fasken	
ORD.	Ashgillian	Hirnantian	439		Fusselman (BEG 1994)

Depositional Relationship of Devonian and Silurian Age Rocks in SE New Mexico & W Texas

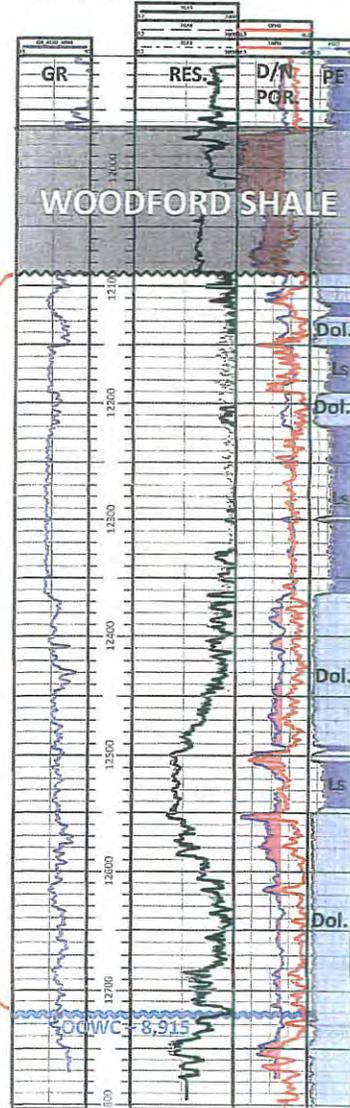


Diagrammatical depositional relationship of Devonian and Silurian age rocks in SE New Mexico and West Texas showing how Silurian age rocks in the SE New Mexico were misinterpreted as Devonian age. Both age units consist predominantly of limestone and dolomite. The yellow highlight denotes the Denton Field location.

TYPE LOG

30025370320000
 2 Celerio Energy
 TD Pope 35
 14,218
 T14S R37E S35

SILURIAN/DEVONIAN FORMATION



Denton NE Injection Project Area – Structural Cross-Section

W & A

E & A'

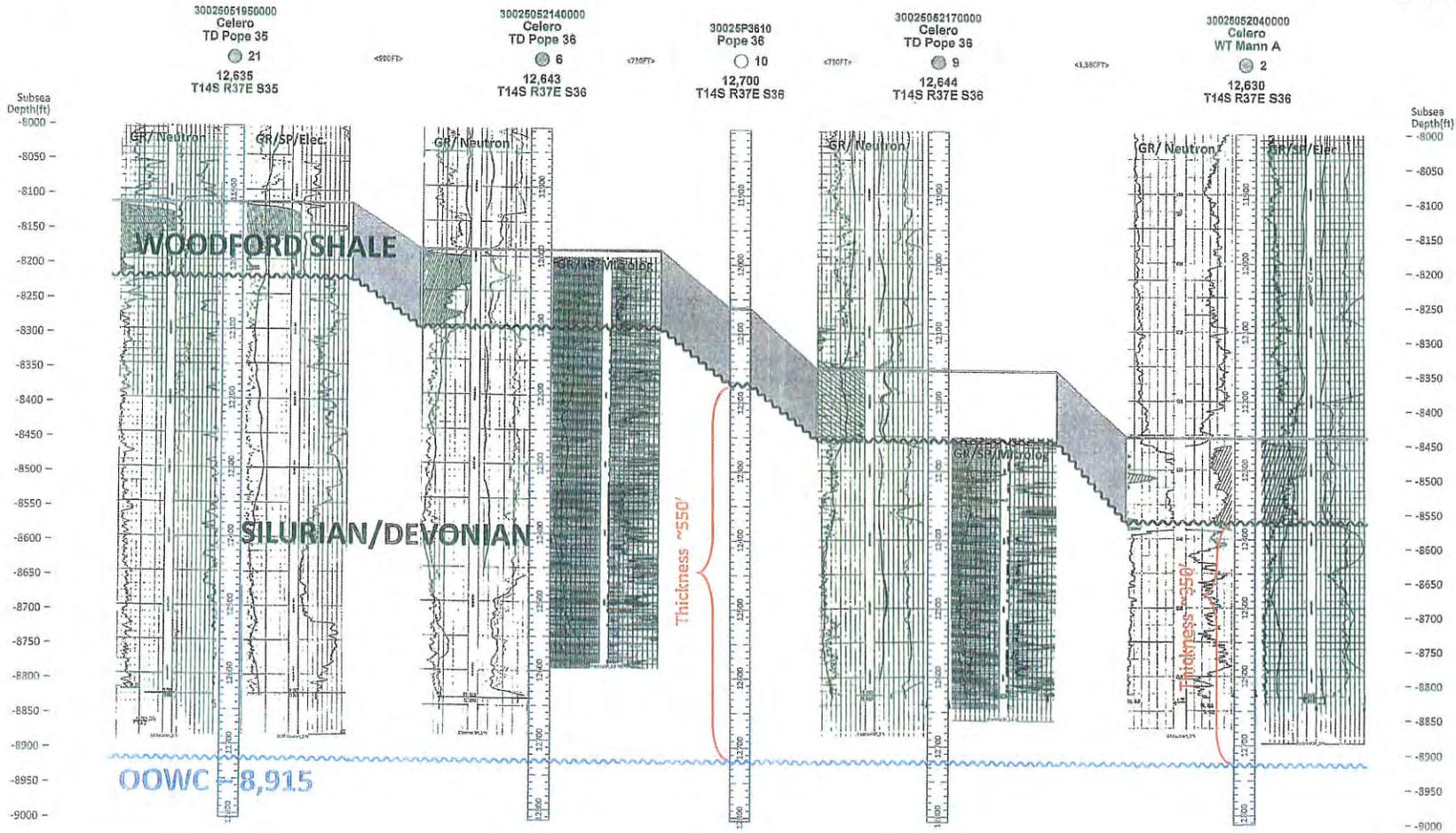
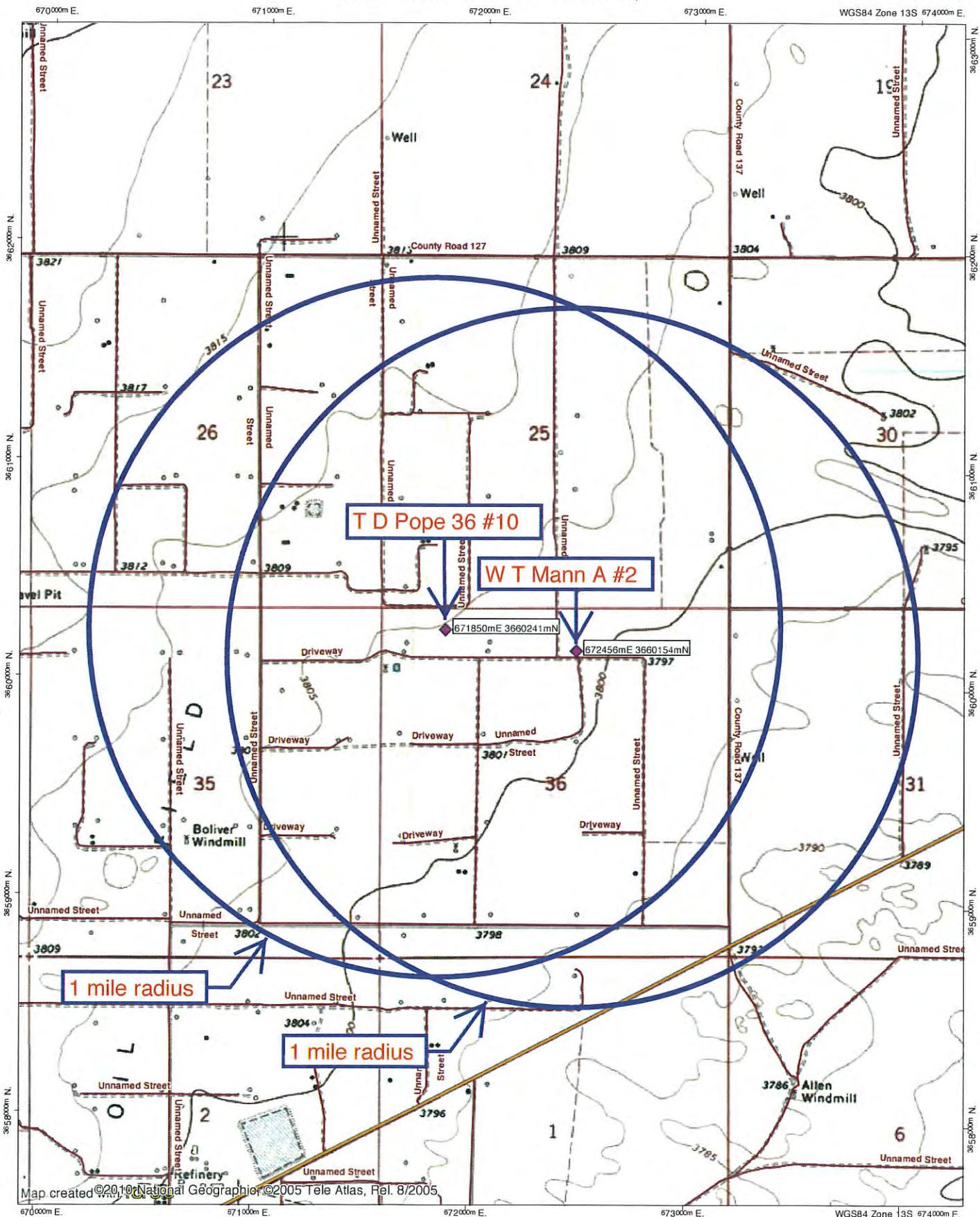
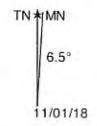
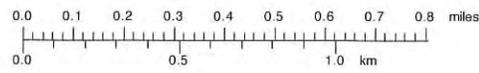


EXHIBIT J



Map created ©2010 National Geographic ©2005 Tele Atlas, Rel. 8/2005





New Mexico Office of the State Engineer

Water Column/Average Depth to Water

EXHIBIT K

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,
O=orphaned,
C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number	Code	POD Sub-basin	County	Q 64	Q 16	Q 4	Sec 25	Tws 14S	Rng 37E	X	Y	Distance	DepthWell	DepthWater	Water Column
L 02650		L	LE	4	3	3	25	14S	37E	671844	3660446*	205	105	60	45
L 02299		L	LE		3	3	25	14S	37E	671745	3660547*	323	107	41	66
L 00604 S3		L	LE	1	3	3	25	14S	37E	671644	3660646*	454	165		
L 02531		L	LE		3	1	36	14S	37E	671761	3659742*	506	115	50	65
L 02297		L	LE		2	2	35	14S	37E	671351	3660138*	509	105	55	50
L 02473		L	LE		4	1	36	14S	37E	672163	3659748*	583	120	55	65
L 02129		L	LE		4	4	26	14S	37E	671343	3660541*	589	110	33	77
L 02159		L	LE		4	4	26	14S	37E	671343	3660541*	589	110	33	77
L 06071		L	LE		4	4	26	14S	37E	671343	3660541*	589	120	85	35
L 04694		L	LE	3	4	1	36	14S	37E	672062	3659647*	630	122	90	32
L 02605		L	LE	3	2	3	25	14S	37E	672039	3660854*	641	110	55	55
L 00604 S		L	LE	2	1	3	25	14S	37E	671837	3661048*	807	130		
L 02116		L	LE		2	3	36	14S	37E	672171	3659346*	950	112	50	62
L 00468		L	LE	1	1	4	25	14S	37E	672442	3661060*	1010	115	60	55
L 00468	R	L	LE	1	1	4	25	14S	37E	672442	3661060*	1010	115	60	55
L 02222		L	LE		2	4	35	14S	37E	671366	3659334*	1028	130	50	80
L 02517		L	LE	3	3	1	25	14S	37E	671629	3661250*	1032	110	45	65
L 02748		L	LE	3	3	1	25	14S	37E	671629	3661250*	1032	108	48	60
L 09969		L	LE			4	25	14S	37E	672751	3660759*	1039	90	75	15
L 02085		L	LE		1	4	36	14S	37E	672574	3659352*	1146	112	50	62
L 00604 S2		L	LE		4	1	25	14S	37E	672132	3661357*	1151	130	62	68
L 02714		L	LE		4	1	25	14S	37E	672132	3661357*	1151	107	55	52
L 01800 POD1		L	LE		1	4	26	14S	37E	670933	3660937*	1151	110	50	60
L 02221		L	LE		1	4	26	14S	37E	670933	3660937*	1151	131	50	81
L 06263		L	LE	3	1	4	36	14S	37E	672473	3659251*	1169	100	50	50
L 12362 POD1		L	LE	2	2	2	36	14S	37E	673058	3660277*	1208	193	95	98
L 02518		L	LE		4	2	26	14S	37E	671328	3661345*	1221	125	45	80
L 01403		L	LE	2	4	3	36	14S	37E	672278	3659043*	1272	80	60	20
L 01683 POD1		L	LE		3	3	36	14S	37E	671776	3658938*	1305	115	55	60
L 02884		L	LE		3	2	25	14S	37E	672535	3661363*	1314	115	50	65

L_02235	L	LE	4	3	26	14S	37E	670538	3660528*		1343	65	30	35	
L_01665 POD1	L	LE	4	4	35	14S	37E	671374	3658931*		1393	110	30	80	
L_01488	L	LE	4	1	35	14S	37E	670553	3659724*		1396	115	36	79	
L_00465	L	LE	1	1	1	31	14S	38E	673262	3660267*		1412			
L_02763	L	LE	2	4	36	14S	37E	672976	3659358*		1430	100	40	60	
L_02953	L	LE	2	4	36	14S	37E	672976	3659358*		1430	120	65	55	
L_00468 POD2	L	LE		4	36	14S	37E	672782	3659151*		1434	150	42	108	
L_01562 POD1	L	LE	3	2	26	14S	37E	670925	3661339*		1435	110	45	65	
L_00465 S	L	LE	1	3	1	31	14S	38E	673270	3659865*		1468	147	50	97
L_11166	L	LE		2	26	14S	37E	671126	3661540*		1487	100	90	10	
L_02335	L	LE	1	1	25	14S	37E	671722	3661753*		1517	110	55	55	
L_02337	L	LE	1	1	25	14S	37E	671722	3661753*		1517	110	55	55	
L_01092	L	LE	3	4	35	14S	37E	670971	3658925*		1582	75	40	35	
L_01573 POD1	L	LE	3	4	35	14S	37E	670971	3658925*		1582	60	30	30	
L_02207	L	LE		3	26	14S	37E	670337	3660723*		1587	110	45	65	
L_00604	L	LE	1	1	1	25	14S	37E	671621	3661852*		1627	270	120	150
L_01447	L	LE	1	1	01	15S	37E	671783	3658536*		1706	113	45	68	
L_02130	L	LE	4	1	26	14S	37E	670523	3661333*		1718	110	34	76	
L_02472	L	LE	4	1	26	14S	37E	670523	3661333*		1718	73	32	41	
L_00705	L	LE	1	1	2	25	14S	37E	672426	3661864*		1722	125		
L_00705	R	L	LE	1	1	2	25	14S	37E	672426	3661864*	1722	125		
L_01587 POD1	L	LE	2	1	01	15S	37E	672186	3658542*		1731	115	55	60	
L_01558 POD1	L	LE	3	3	26	14S	37E	670136	3660522*		1736				
L_13564 POD1	L	LE	2	2	1	01	15S	37E	672315	3658559		1744	270	95	175
L_05528	L	LE	1	2	26	14S	37E	670917	3661741*		1766	100	56	44	
L_01285	L	LE	2	2	02	15S	37E	671380	3658531*		1773	112	52	60	
L_11239 POD2	L	LE	2	1	2	26	14S	37E	671110	3661912		1827	196	114	82
L_10351	L	LE	2	2	25	14S	37E	672930	3661771*		1872	120	83	37	
L_02476	L	LE	3	3	24	14S	37E	671714	3662156*		1919	120	68	52	
L_01284	L	LE	1	2	02	15S	37E	670978	3658527*		1923	108	48	60	
L_02754	L	LE	4	4	23	14S	37E	671312	3662150*		1983	110	48	62	
L_02237	L	LE	2	1	26	14S	37E	670515	3661735*		2003	118	32	86	
L_12513 POD1	L	LE	4	4	3	30	14S	38E	673852	3660392		2008	215		
L_03929	L	LE	1	4	1	01	15S	37E	672092	3658239*		2016	100	55	45
L_02627	L	LE	4	4	4	27	14S	37E	669832	3660415*		2025	110	40	70
L_02421	L	LE	3	1	26	14S	37E	670120	3661327*		2042	110	40	70	
L_01297	L	LE	3	1	01	15S	37E	671790	3658134*		2107	115	45	70	
L_01491	L	LE	3	1	01	15S	37E	671790	3658134*		2107	117	45	72	
L_01096	L	LE	2	2	34	14S	37E	669741	3660114*		2112	110			

L 00467 S	L	LE	3	4	23	14S	37E	670910	3662144*		2122	138	65	73		
L 08199	L	LE	3	4	23	14S	37E	670910	3662144*		2122	115	80	35		
L 01560 POD1	L	LE	4	3	3	35	14S	37E	670265	3658812*		2134	120	33	87	
L 01334	L	LE	4	4	27	14S	37E	669733	3660516*		2134	103	50	53		
L 01686 POD1	L	LE	4	4	27	14S	37E	669733	3660516*		2134	115	50	65		
L 01942	L	LE	3	3	35	14S	37E	670166	3658913*		2144	110	55	55		
L 01234 POD1	L	LE	4	2	34	14S	37E	669749	3659711*		2166	130	45	85		
L 00603 S	L	LE	3	1	3	24	14S	37E	671606	3662457*		2229	135			
L 00465 S2	L	LE			31	14S	38E	673990	3659565*		2244	155	45	110		
L 00465 S3	L	LE			31	14S	38E	673990	3659565*		2244	130	70	60		
L 10934	L	LE	4	4	1	30	14S	38E	673841	3661280*		2245	137			
L 01204 POD1	L	LE	3	4	2	02	15S	37E	671286	3658028*		2283	100	40	60	
L 02254	L	LE	1	1	26	14S	37E	670113	3661729*		2287	105	55	50		
L 02334	L	LE	1	1	26	14S	37E	670113	3661729*		2287	110	55	55		
L 00950 POD1	L	LE	3	3	3	19	14S	38E	673224	3662077*		2293	80	40	40	
L 01839 POD1	L	LE	3	2	4	27	14S	37E	669624	3660818*		2299	83	45	38	
L 02620	L	LE	3	1	1	26	14S	37E	670012	3661628*		2302	108	32	76	
L 08211	L	LE	3	1	1	26	14S	37E	670012	3661628*		2302	130	80	50	
L 01224 POD1	L	LE	1	1	02	15S	37E	670172	3658517*		2405	115	33	82		
L 01637 POD1	L	LE	1	1	3	01	15S	37E	671696	3657831*		2414	109	50	59	
L 03396	L	LE	4	3	3	19	14S	38E	673424	3662077*		2418	110	60	50	
L 08240	L	LE	4	2	1	30	14S	38E	673833	3661682*		2451	102	70	32	
L 01095	L	LE	4	1	02	15S	37E	670581	3658120*		2471	120				
L 00467	L	LE	1	4	23	14S	37E	670902	3662546*		2492	274	110	164		
L 00467	R	L	LE	1	4	23	14S	37E	670902	3662546*		2492	274	110	164	
L 01175 POD1	L	LE	1	3	01	15S	37E	671797	3657732*		2509	120	33	87		
L 01440	L	LE	1	2	34	14S	37E	669338	3660108*		2515	110	45	65		
L 13161 POD1	L	LE	1	1	4	24	14S	37E	672309	3662732		2533	197	102	95	
L 00603 S3	L	LE	1	1	4	24	14S	37E	672316	3662759		2561	154	58	96	
L 00696 S	L	LE	3	3	3	23	14S	37E	670004	3662031*		2571	125	45	80	
L 02304	L	LE	3	3	23	14S	37E	670105	3662132*		2573	105	46	59		
L 02731	L	LE	2	2	27	14S	37E	669710	3661723*		2603	115	70	45		
L 00610 POD5	R	L	LE	1	1	4	02	15S	37E	670890	3657821*		2603	120	37	83
L 00740 S	L	LE	1	3	4	27	14S	37E	669230	3660609*		2645	246	112	134	
L 00740 S	R	L	LE	1	3	4	27	14S	37E	669230	3660609*		2645	246	112	134
L 00695 S	L	LE			2	27	14S	37E	669516	3661516*		2659	238	105	133	
L 01136 POD1	L	LE	1	4	02	15S	37E	670991	3657722*		2661	118				
L 01118 POD1	L	LE	3	1	02	15S	37E	670178	3658115*		2704	108				

L_01293		L	LE	2	2	03	15S	37E	669767	3658511*	2707	113	45	68	
L_00803 S		L	LE		3	19	14S	38E	673526	3662379*	2716	140	65	75	
L_08270		L	LE	4	4	4	22	14S	37E	669801	3662025*	2716	130	90	40
L_07578		L	LE	4	3	1	06	15S	38E	673500	3658057*	2737		42	
L_00803		L	LE	1	1	3	19	14S	38E	673216	3662679*	2794	150	40	110
L_00803	R	L	LE	1	1	3	19	14S	38E	673216	3662679*	2794	150	40	110
L_00695 POD2		L	LE	3	4	2	24	14S	37E	672806	3662876*	2803	216	88	128
L_00206	R	L	LE	2	2	2	31	14S	38E	674669	3660289*	2819	140	50	90
L_10685		L	LE	2	3	02	15S	37E	670588	3657717*	2821	150	84	66	
L_00603 S2		L	LE	1	3	1	24	14S	37E	671598	3663059*	2829	140		
L_02294		L	LE			27	14S	37E	669128	3661101*	2854	120	50	70	
L_01314		L	LE	3	3	4	19	14S	38E	674028	3662092*	2858	80	40	40
L_00328 POD11		L	LE	4	2	3	27	14S	37E	669050	3660868	2869	235	111	124
L_00610 POD4		L	LE	4	2	3	02	15S	37E	670687	3657616*	2871	120	37	83
L_07198		L	LE	4	2	3	02	15S	37E	670687	3657616*	2871	125	47	78
L_13556 POD1		L	LE	2	4	2	31	14S	38E	674705	3659865	2879	270	105	165
L_08182		L	LE	3	4	19	14S	38E	674129	3662193*	3000	128	69	59	
L_00467 POD4		L	LE		2	23	14S	37E	671095	3663149*	3004	150	60	90	
L_00467 POD5		L	LE		2	23	14S	37E	671095	3663149*	3004	273	170	103	
L_06232		L	LE		2	23	14S	37E	671095	3663149*	3004	135	107	28	
L_00328 POD6		L	LE	2	3	27	14S	37E	668920	3660906*	3004	182	102	80	
L_00696		L	LE	1	1	3	23	14S	37E	669996	3662633	3026	248	110	138
L_11203		L	LE	4	2	2	23	14S	37E	671388	3663255*	3049	140	86	54
L_00695		L	LE	1	1	2	27	14S	37E	669206	3661816*	3077	110	72	38
L_00328 S	R	L	LE	3	2	3	27	14S	37E	668819	3660805*	3083	140		
L_13555 POD1		L	LE	1	1	3	32	14S	38E	674866	3659590	3084	265	115	150
L_00467 POD6		L	LE		2	2	23	14S	37E	671233	3663274	3095	260		
L_01578 POD1		L	LE	2	2	4	03	15S	37E	669879	3657806*	3132	115	55	60
L_07178		L	LE	1	3	3	06	15S	38E	673315	3657453*	3149	320	75	245
L_01197 POD1		L	LE	3	1	3	02	15S	37E	670083	3657612*	3167	112		
L_01673 POD1		L	LE		4	3	02	15S	37E	670594	3657315*	3184	120		
L_00467 POD2		L	LE	3	1	2	23	14S	37E	670785	3663249*	3190	140		
L_00467 POD2	R	L	LE	3	1	2	23	14S	37E	670785	3663249*	3190	140		
L_04956		L	LE	1	1	1	12	15S	37E	671710	3657026*	3218	100	43	57
L_00466 S		L	LE		3	1	23	14S	37E	670089	3662936*	3219	140	50	90

Average Depth to Water: **60 feet**
Minimum Depth: **30 feet**
Maximum Depth: **170 feet**

Record Count: 142

POPE

EXHIBIT K

UTMNAD83 Radius Search (in meters):

Easting (X): 671850

Northing (Y): 3660241

Radius: 3220

POPE



***UTM location was derived from PLSS - see Help**

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

11/1/18 11:49 AM

WATER COLUMN/ AVERAGE DEPTH TO
WATER



New Mexico Office of the State Engineer

Water Column/Average Depth to Water

EXHIBIT K

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,
O=orphaned,
C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number	Code	POD Sub-basin	County	Q 64	Q 16	Q 4	Sec	Tws	Rng	X	Y	Distance	DepthWell	DepthWater	Water Column
L 02473		L	LE	4	1	36	14S	37E		672163	3659748*	500	120	55	65
L 12362 POD1		L	LE	2	2	36	14S	37E		673058	3660277*	614	193	95	98
L 04694		L	LE	3	4	1	36	14S	37E	672062	3659647*	642	122	90	32
L 09969		L	LE		4	25	14S	37E		672751	3660759*	673	90	75	15
L 02650		L	LE	4	3	3	25	14S	37E	671844	3660446*	678	105	60	45
L 02531		L	LE	3	1	36	14S	37E		671761	3659742*	807	115	50	65
L 02085		L	LE	1	4	36	14S	37E		672574	3659352*	810	112	50	62
L 02299		L	LE	3	3	25	14S	37E		671745	3660547*	812	107	41	66
L 00465		L	LE	1	1	1	31	14S	38E	673262	3660267*	813			
L 02605		L	LE	3	2	3	25	14S	37E	672039	3660854*	814	110	55	55
L 02116		L	LE	2	3	36	14S	37E		672171	3659346*	856	112	50	62
L 00465 S		L	LE	1	3	1	31	14S	38E	673270	3659865*	863	147	50	97
L 06263		L	LE	3	1	4	36	14S	37E	672473	3659251*	903	100	50	50
L 00468		L	LE	1	1	4	25	14S	37E	672442	3661060*	906	115	60	55
L 00468	R	L	LE	1	1	4	25	14S	37E	672442	3661060*	906	115	60	55
L 00604 S3		L	LE	1	3	3	25	14S	37E	671644	3660646*	949	165		
L 02763		L	LE	2	4	36	14S	37E		672976	3659358*	950	100	40	60
L 02953		L	LE	2	4	36	14S	37E		672976	3659358*	950	120	65	55
L 00468 POD2		L	LE		4	36	14S	37E		672782	3659151*	1054	150	42	108
L 00604 S		L	LE	2	1	3	25	14S	37E	671837	3661048*	1087	130		
L 02297		L	LE	2	2	35	14S	37E		671351	3660138*	1105	105	55	50
L 01403		L	LE	2	4	3	36	14S	37E	672278	3659043*	1125	80	60	20
L 02129		L	LE	4	4	26	14S	37E		671343	3660541*	1178	110	33	77
L 02159		L	LE	4	4	26	14S	37E		671343	3660541*	1178	110	33	77
L 06071		L	LE	4	4	26	14S	37E		671343	3660541*	1178	120	85	35
L 02884		L	LE	3	2	25	14S	37E		672535	3661363*	1211	115	50	65
L 00604 S2		L	LE	4	1	25	14S	37E		672132	3661357*	1245	130	62	68
L 02714		L	LE	4	1	25	14S	37E		672132	3661357*	1245	107	55	52
L 02222		L	LE	2	4	35	14S	37E		671366	3659334*	1364	130	50	80
L 02517		L	LE	3	3	1	25	14S	37E	671629	3661250*	1373	110	45	65

L_02748		L	LE	3	3	1	25	14S	37E	671629	3661250*	1373	108	48	60
L_01683 POD1		L	LE		3	3	36	14S	37E	671776	3658938*	1393	115	55	60
L_12513 POD1		L	LE	4	4	3	30	14S	38E	673852	3660392	1416	215		
L_13564 POD1		L	LE	2	2	1	01	15S	37E	672315	3658559	1600	270	95	175
L_01665 POD1		L	LE	4	4	35		14S	37E	671374	3658931*	1632	110	30	80
L_01587 POD1		L	LE	2	1	01		15S	37E	672186	3658542*	1634	115	55	60
L_02518		L	LE	4	2	26		14S	37E	671328	3661345*	1640	125	45	80
L_00465 S2		L	LE			31		14S	38E	673990	3659565*	1643	155	45	110
L_00465 S3		L	LE			31		14S	38E	673990	3659565*	1643	130	70	60
L_10351		L	LE	2	2	25		14S	37E	672930	3661771*	1685	120	83	37
L_00705		L	LE	1	1	2	25	14S	37E	672426	3661864*	1710	125		
L_00705	R	L	LE	1	1	2	25	14S	37E	672426	3661864*	1710	125		
L_01800 POD1		L	LE	1	4	26		14S	37E	670933	3660937*	1712	110	50	60
L_02221		L	LE	1	4	26		14S	37E	670933	3660937*	1712	131	50	81
L_01447		L	LE	1	1	01		15S	37E	671783	3658536*	1752	113	45	68
L_02335		L	LE	1	1	25		14S	37E	671722	3661753*	1759	110	55	55
L_02337		L	LE	1	1	25		14S	37E	671722	3661753*	1759	110	55	55
L_10934		L	LE	4	4	1	30	14S	38E	673841	3661280*	1784	137		
L_00604		L	LE	1	1	1	25	14S	37E	671621	3661852*	1892	270	120	150
L_11166		L	LE		2	26		14S	37E	671126	3661540*	1920	100	90	10
L_01092		L	LE	3	4	35		14S	37E	670971	3658925*	1927	75	40	35
L_01573 POD1		L	LE	3	4	35		14S	37E	670971	3658925*	1927	60	30	30
L_01562 POD1		L	LE	3	2	26		14S	37E	670925	3661339*	1936	110	45	65
L_01285		L	LE	2	2	02		15S	37E	671380	3658531*	1947	112	52	60
L_03929		L	LE	1	4	1	01	15S	37E	672092	3658239*	1949	100	55	45
L_01488		L	LE	4	1	35		14S	37E	670553	3659724*	1950	115	36	79
L_02235		L	LE	4	3	26		14S	37E	670538	3660528*	1954	65	30	35
L_08240		L	LE	4	2	1	30	14S	38E	673833	3661682*	2056	102	70	32
L_00950 POD1		L	LE	3	3	3	19	14S	38E	673224	3662077*	2070	80	40	40
L_01297		L	LE	3	1	01		15S	37E	671790	3658134*	2126	115	45	70
L_01491		L	LE	3	1	01		15S	37E	671790	3658134*	2126	117	45	72
L_02476		L	LE	3	3	24		14S	37E	671714	3662156*	2135	120	68	52
L_03396		L	LE	4	3	3	19	14S	38E	673424	3662077*	2152	110	60	50
L_02207		L	LE		3	26		14S	37E	670337	3660723*	2194	110	45	65
L_01284		L	LE	1	2	02		15S	37E	670978	3658527*	2198	108	48	60
L_05528		L	LE	1	2	26		14S	37E	670917	3661741*	2210	100	56	44
L_11239 POD2		L	LE	2	1	2	26	14S	37E	671110	3661912	2214	196	114	82
L_00206	R	L	LE	2	2	2	31	14S	38E	674669	3660289*	2217	140	50	90
L_02130		L	LE	4	1	26		14S	37E	670523	3661333*	2264	110		

L_02472		L	LE	4	1	26	14S	37E	670523	3661333*		2264	73	32	41	
L_13556 POD1		L	LE	2	4	2	31	14S	38E	674705	3659865		2267	270	105	165
L_02754		L	LE	4	4	23	14S	37E	671312	3662150*		2300	110	48	62	
L_07578		L	LE	4	3	1	06	15S	38E	673500	3658057*		2342		42	
L_01558 POD1		L	LE	3	3	26	14S	37E	670136	3660522*		2349				
L_01204 POD1		L	LE	3	4	2	02	15S	37E	671286	3658028*		2426	100	40	60
L_01637 POD1		L	LE	1	1	3	01	15S	37E	671696	3657831*		2444	109	50	59
L_00603 S		L	LE	3	1	3	24	14S	37E	671606	3662457*		2454	135		
L_00803 S		L	LE		3	19	14S	38E	673526	3662379*		2468	140	65	75	
L_13555 POD1		L	LE	1	1	3	32	14S	38E	674866	3659590		2474	265	115	150
L_01314		L	LE	3	3	4	19	14S	38E	674028	3662092*		2495	80	40	40
L_02237		L	LE	2	1	26	14S	37E	670515	3661735*		2503	118	32	86	
L_01175 POD1		L	LE	1	3	01	15S	37E	671797	3657732*		2510	120	33	87	
L_00467 S		L	LE	3	4	23	14S	37E	670910	3662144*		2519	138	65	73	
L_08199		L	LE	3	4	23	14S	37E	670910	3662144*		2519	115	80	35	
L_01560 POD1		L	LE	4	3	3	35	14S	37E	670265	3658812*		2569	120	33	87
L_13161 POD1		L	LE	1	1	4	24	14S	37E	672309	3662732		2582	197	102	95
L_01942		L	LE	3	3	35	14S	37E	670166	3658913*		2604	110	55	55	
L_00603 S3		L	LE	1	1	4	24	14S	37E	672316	3662759		2609	154	58	96
L_02421		L	LE	3	1	26	14S	37E	670120	3661327*		2613	110	40	70	
L_00803		L	LE	1	1	3	19	14S	38E	673216	3662679*		2636	150	40	110
L_00803	R	L	LE	1	1	3	19	14S	38E	673216	3662679*		2636	150	40	110
L_02627		L	LE	4	4	4	27	14S	37E	669832	3660415*		2636	110	40	70
L_08182		L	LE	3	4	19	14S	38E	674129	3662193*		2637	128	69	59	
L_01096		L	LE	2	2	34	14S	37E	669741	3660114*		2715	110			
L_01234 POD1		L	LE	4	2	34	14S	37E	669749	3659711*		2743	130	45	85	
L_00695 POD2		L	LE	3	4	2	24	14S	37E	672806	3662876*		2744	216	88	128
L_01334		L	LE	4	4	27	14S	37E	669733	3660516*		2746	103	50	53	
L_01686 POD1		L	LE	4	4	27	14S	37E	669733	3660516*		2746	115	50	65	
L_01095		L	LE	4	1	02	15S	37E	670581	3658120*		2766	120			
L_00610 POD5	R	L	LE	1	1	4	02	15S	37E	670890	3657821*		2809	120	37	83
L_01224 POD1		L	LE	1	1	02	15S	37E	670172	3658517*		2810	115	33	82	
L_02254		L	LE	1	1	26	14S	37E	670113	3661729*		2823	105	55	50	
L_02334		L	LE	1	1	26	14S	37E	670113	3661729*		2823	110	55	55	
L_07178		L	LE	1	3	3	06	15S	38E	673315	3657453*		2834	320	75	245
L_01136 POD1		L	LE	1	4	02	15S	37E	670991	3657722*		2839	118			
L_00467		L	LE	1	4	23	14S	37E	670902	3662546*		2852	274	110	164	
L_00467	R	L	LE	1	4	23	14S	37E	670902	3662546*		2852	274	110	164	

L_02620	L	LE	3	1	1	26	14S	37E	670012	3661628*		2854	108	32	76	
L_08211	L	LE	3	1	1	26	14S	37E	670012	3661628*		2854	130	80	50	
L_01839 POD1	L	LE	3	2	4	27	14S	37E	669624	3660818*		2908	83	45	38	
L_00804	L	LE	1	1	4	19	14S	38E	674020	3662694*		2982	118	55	63	
L_06318	L	LE	1	1	05	15S	38E	675003	3658585*		2991	120	65	55		
L_00603 S2	L	LE	1	3	1	24	14S	37E	671598	3663059*		3029	140			
L_01118 POD1	L	LE	3	1	02	15S	37E	670178	3658115*		3057	108				
L_10685	L	LE	2	3	02	15S	37E	670588	3657717*		3070	150	84	66		
L_02304	L	LE	3	3	23	14S	37E	670105	3662132*		3072	105	46	59		
L_00696 S	L	LE	3	3	3	23	14S	37E	670004	3662031*		3087	125	45	80	
L_00610 POD4	L	LE	4	2	3	02	15S	37E	670687	3657616*		3093	120	37	83	
L_07198	L	LE	4	2	3	02	15S	37E	670687	3657616*		3093	125	47	78	
L_01440	L	LE	1	2	34	14S	37E	669338	3660108*		3118	110	45	65		
L_01293	L	LE	2	2	03	15S	37E	669767	3658511*		3151	113	45	68		
L_02731	L	LE	2	2	27	14S	37E	669710	3661723*		3162	115	70	45		
L_04956	L	LE	1	1	1	12	15S	37E	671710	3657026*		3215	100	43	57	

Average Depth to Water: **56 feet**
Minimum Depth: **30 feet**
Maximum Depth: **120 feet**

Record Count: 123

UTMNAD83 Radius Search (in meters):

Easting (X): 672456

Northing (Y): 3660154

Radius: 3220

*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

11/1/18 11:50 AM

WATER COLUMN/ AVERAGE DEPTH TO WATER

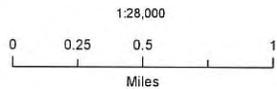
Wishbone Texas Operating Company, LLC

WT Mann A #002
TD Pope 36 #010

Nearby Fresh Water Well Map

Section 36, Township 14S, Range 37E
Lea County, New Mexico

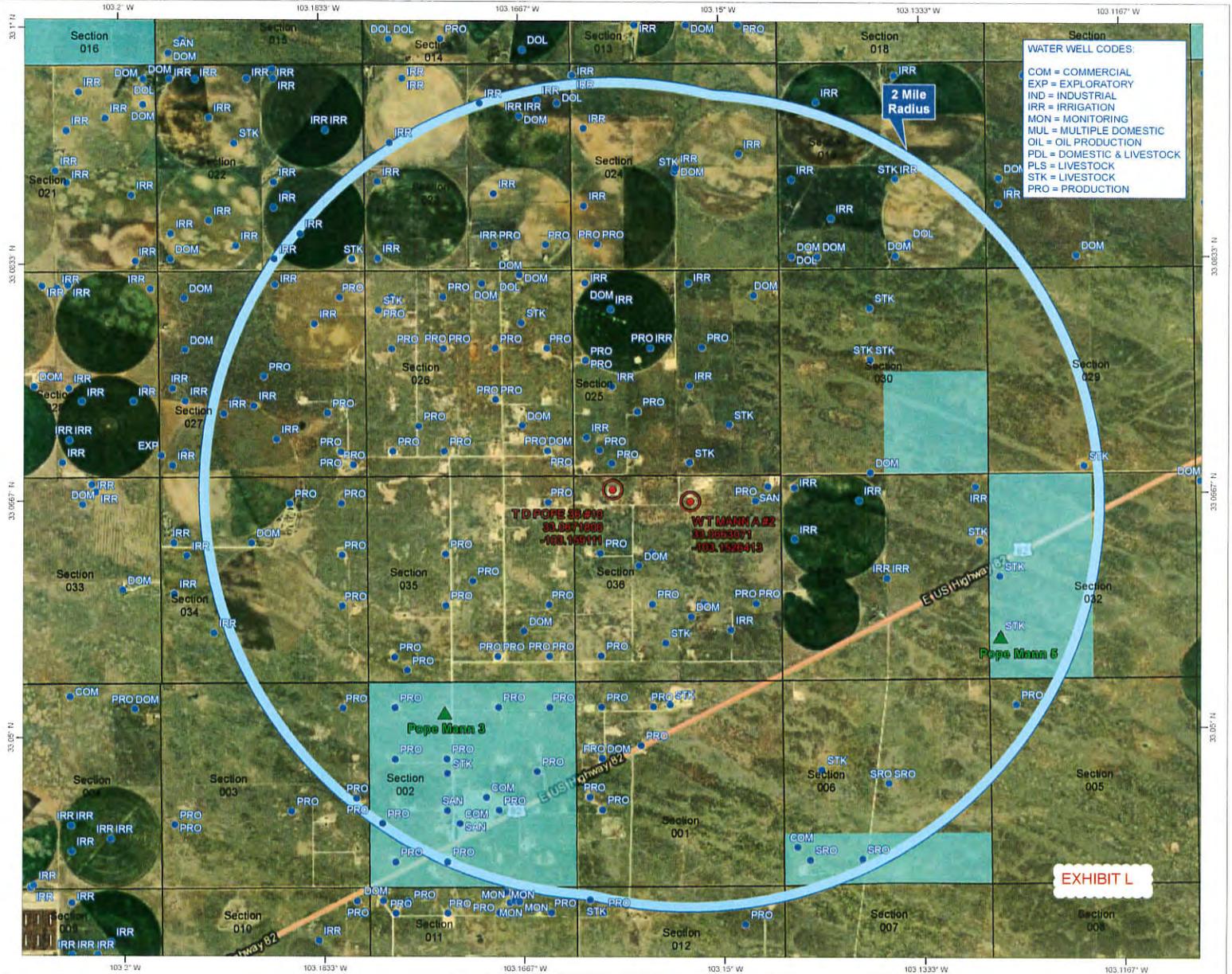
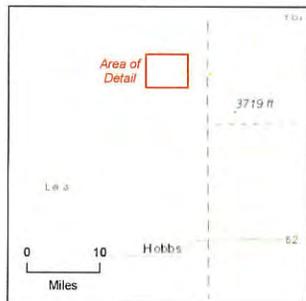
-  Water Sample Sites
-  Proposed SWD Well
-  NM OSE Wells
-  State Trust



NAD 1983 New Mexico State Plane East
FIPS 3001 Feet

PERMITS WEST

Prepared by Permits West, Inc., September 19, 2018
for Wishbone Texas Operating Company, LLC



Hall Environmental Analysis Laboratory, Inc.

CLIENT: Permits West	Client Sample ID: Pope Mann-3
Project: Wishbone Pope Mann	Collection Date: 9/27/2018 12:30:00 PM
Lab ID: 1809H53-001	Matrix: AQUEOUS Received Date: 9/28/2018 8:42:00 AM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed	Batch
EPA METHOD 1664B							Analyst: dbf
N-Hexane Extractable Material	ND	9.57		mg/L	1	10/1/2018 4:00:00 PM	40695
EPA METHOD 300.0: ANIONS							Analyst: smb
Chloride	49	10		mg/L	20	10/1/2018 11:40:18 AM	R54568
SM2540C MOD: TOTAL DISSOLVED SOLIDS							Analyst: KS
Total Dissolved Solids	470	20.0		mg/L	1	10/4/2018 6:18:00 PM	40774

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:	* Value exceeds Maximum Contaminant Level. D Sample Diluted Due to Matrix H Holding times for preparation or analysis exceeded ND Not Detected at the Reporting Limit PQL Practical Quantitative Limit S % Recovery outside of range due to dilution or matrix	B Analyte detected in the associated Method Blank E Value above quantitation range J Analyte detected below quantitation limits P Sample pH Not In Range RL Reporting Detection Limit W Sample container temperature is out of limit as specified	Page 1 of 5
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Hall Environmental Analysis Laboratory, Inc.

CLIENT: Permits West

Client Sample ID: Pope Mann-5

Project: Wishbone Pope Mann

Collection Date: 9/27/2018 12:55:00 PM

Lab ID: 1809H53-002

Matrix: AQUEOUS

Received Date: 9/28/2018 8:42:00 AM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed	Batch
EPA METHOD 1664B							Analyst: dbf
N-Hexane Extractable Material	ND	9.49		mg/L	1	10/1/2018 4:00:00 PM	40695
EPA METHOD 300.0: ANIONS							Analyst: smb
Chloride	33	10		mg/L	20	10/1/2018 12:06:01 PM	R54568
SM2540C MOD: TOTAL DISSOLVED SOLIDS							Analyst: KS
Total Dissolved Solids	415	20.0		mg/L	1	10/4/2018 6:18:00 PM	40774

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:	*	Value exceeds Maximum Contaminant Level.	B	Analyte detected in the associated Method Blank
	D	Sample Diluted Due to Matrix	E	Value above quantitation range
	H	Holding times for preparation or analysis exceeded	J	Analyte detected below quantitation limits
	ND	Not Detected at the Reporting Limit	P	Sample pH Not In Range
	PQL	Practical Quantitative Limit	RL	Reporting Detection Limit
	S	% Recovery outside of range due to dilution or matrix	W	Sample container temperature is out of limit as specified

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

EXHIBIT L

WO#: 1809H53

05-Oct-18

Client: Permits West
Project: Wishbone Pope Mann

Sample ID	MB-40695	SampType:	MBLK	TestCode:	EPA Method 1664B					
Client ID:	PBW	Batch ID:	40695	RunNo:	54561					
Prep Date:	10/1/2018	Analysis Date:	10/1/2018	SeqNo:	1809133	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	ND	10.0								

Sample ID	LCS-40695	SampType:	LCS	TestCode:	EPA Method 1664B					
Client ID:	LCSW	Batch ID:	40695	RunNo:	54561					
Prep Date:	10/1/2018	Analysis Date:	10/1/2018	SeqNo:	1809134	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	34.4	10.0	40.00	0	86.0	78	114			

Qualifiers:

- * Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- PQL Practical Quantitative Limit
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.



WO#: 1809H53

05-Oct-18

Client: Permits West

Project: Wishbone Pope Mann

Sample ID MB	SampType: mbk	TestCode: EPA Method 300.0: Anions								
Client ID: PBW	Batch ID: R54568	RunNo: 54568								
Prep Date:	Analysis Date: 10/1/2018	SeqNo: 1809248			Units: mg/L					
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	ND	0.50								
Sulfate	ND	0.50								

Sample ID LCS	SampType: lcs	TestCode: EPA Method 300.0: Anions								
Client ID: LCSW	Batch ID: R54568	RunNo: 54568								
Prep Date:	Analysis Date: 10/1/2018	SeqNo: 1809249			Units: mg/L					
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	4.6	0.50	5.000	0	91.1	90	110			
Sulfate	9.2	0.50	10.00	0	91.7	90	110			

Qualifiers:

- | | |
|---|---|
| * Value exceeds Maximum Contaminant Level. | B Analyte detected in the associated Method Blank |
| D Sample Diluted Due to Matrix | E Value above quantitation range |
| H Holding times for preparation or analysis exceeded | J Analyte detected below quantitation limits |
| ND Not Detected at the Reporting Limit | P Sample pH Not In Range |
| PQL Practical Quantitative Limit | RL Reporting Detection Limit |
| S % Recovery outside of range due to dilution or matrix | W Sample container temperature is out of limit as specified |

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.



WO#: 1809H53

05-Oct-18

Client: Permits West
Project: Wishbone Pope Mann

Sample ID	MB-40774	SampType:	MBLK	TestCode:	SM2540C MOD: Total Dissolved Solids					
Client ID:	PBW	Batch ID:	40774	RunNo:	54650					
Prep Date:	10/3/2018	Analysis Date:	10/4/2018	SeqNo:	1812768	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Total Dissolved Solids	ND	20.0								

Sample ID	LCS-40774	SampType:	LCS	TestCode:	SM2540C MOD: Total Dissolved Solids					
Client ID:	LCSW	Batch ID:	40774	RunNo:	54650					
Prep Date:	10/3/2018	Analysis Date:	10/4/2018	SeqNo:	1812769	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Total Dissolved Solids	1010	20.0	1000	0	101	80	120			

Sample ID	1809H53-002BDUP	SampType:	DUP	TestCode:	SM2540C MOD: Total Dissolved Solids					
Client ID:	Pope Mann-5	Batch ID:	40774	RunNo:	54650					
Prep Date:	10/3/2018	Analysis Date:	10/4/2018	SeqNo:	1812780	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Total Dissolved Solids	420	20.0						1.20	5	

Qualifiers:

- * Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- PQL Practical Quantitative Limit
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified

Geologic Assessment

Wishbone Texas Operating Company, LLC

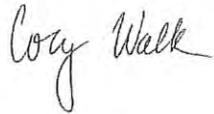
T D Pope 36 No. 10

W T Mann A No. 2

Section 36, Township 14 South, Range 37 East

Lea County, New Mexico

Cory Walk



B.S., M.S.

Geologist

Permits West Inc.

November 1, 2018

General Information

T D Pope 36 #10 and W T Mann A #2 are located in section 36, T14S, R37E, about 15 miles northeast of Lovington, NM in the Permian Basin. Wishbone Texas Operating Company, LLC proposes the injection zone to be within the Silurian-Devonian formation through perforations from 12,205'-12,504' (~300 ft) and 12,416' – 12,900' (~500 ft) below ground surface, respectively. This report assesses any potential concerns relating to induced seismicity along deep penetrating Precambrian faults or the connection between the injection zone and known underground potable water sources.

Groundwater Sources

Three principal aquifers are used for potable groundwater in Lea County; these geologic units include the Triassic Santa Rosa formation, Tertiary Ogallala formation, and Quaternary alluvium. Nicholson and Clebsch (1961) state, "Potable ground water is not available below the Permian and Triassic unconformity but, because this boundary is not easily defined, the top of the Rustler anhydrite formation is regarded as the effective lower limit of 'potable' ground water." Around the Pope and Mann wells, a thick anhydrite unit interpreted to represent the Rustler formation lies at a depth of ~2138 feet bgs.

Faults and Fractures

Fault data from the Geologic Map of New Mexico (2003) shows the nearest surface fault to the injector's location is found 65 miles to the west (Figure 1). This fault is inferred based on a mapped discontinuity of stratigraphy. Greater than 125 miles southwest of the Pope and Mann wells is a large accumulation of northwest trending Basin and Range style normal faults. This fault zone is interpreted to be a southeastern extension of the Rio Grande Rift zone (Muehlberger et al., 1978) and is the only area in the region in which deeply penetrating faults also penetrate the shallow aquifer systems.

A structure contour map (Fig. 2) of the Precambrian basement shows the TD Pope 36 #10 and WT Mann A #2 wells are ~2 miles from a basement-penetrating fault documented by Ewing et al (1990). Montgomery (1997) shows that these faults do not penetrate anything above the Delaware Mountain group and therefore cannot act as a conduit for transferring deeply injected fluids to the shallow aquifer systems used for domestic, municipal or livestock purposes (Figure 3).

Induced seismicity is a growing concern of deep injection wells. Relatively new software developed by the Stanford Center for Induced and Triggered Seismicity allows for the probabilistic screening of deeply penetrating faults near the proposed injection zone (Walsh et al., 2016; Walsh et al., 2017). This software uses parameters such as stress orientations, fault strike/dip, injection rates, fault friction coefficients, etc. to estimate the potential for fault slip. Using the best available data as input parameters (Table 1), the Fault Slip Potential models suggest a maximum of 16 percent (0.16) probability of slip on several faults (Fig. 4), recorded or inferred by Frenzel et al (1988) and Ewing et al. (1990), through the year 2040.

Stratigraphy

Thick permeability barriers exist above (Woodford shale; 100 ft thick) and below (Simpson Group; 300 ft thick) the targeted Devonian-Silurian injection zone (Plate 2, Comer et al., 1991; Fig. 8,

Frenzel et al., 1988). Approximately 10,000 ft of rock separate the top of the injection zone from the previously stated lower limit of potable water at the top of the Rustler formation.

Conclusions

Geologic data evaluated around the T D Pope 36 #010 and W T Mann A #002 injection wells show no potential structural or stratigraphic connection between the Silurian-Devonian Formation injection zone and any subsurface potable water sources; however, based on Fault Slip Potential modeling there is a small probability (0.16) of inducing seismic activity along deeply penetrating Precambrian faults.

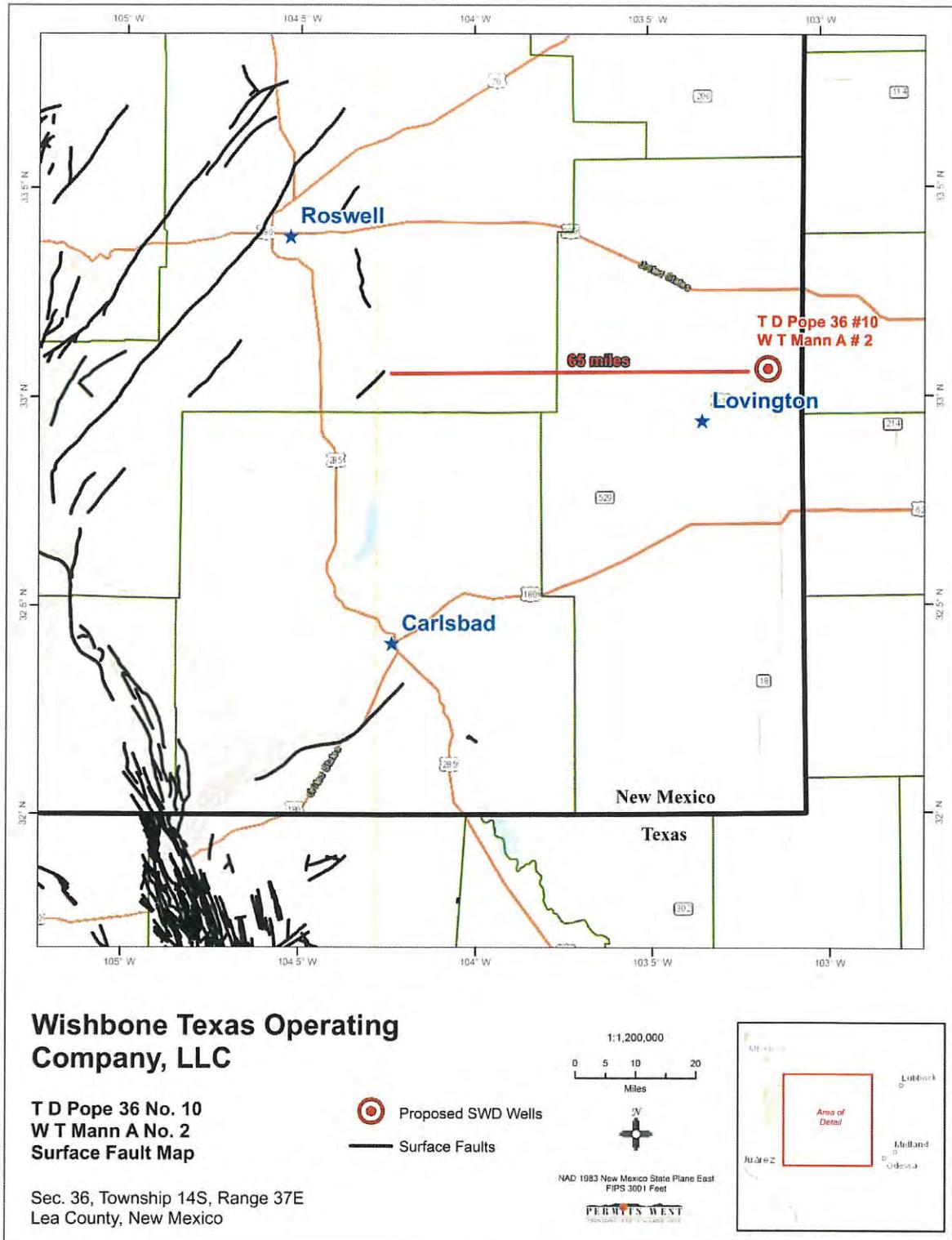


Figure 1. Shaded relief of the northwestern Permian Basin. Thick black lines represent locations of fault traces and show that the nearest faults to the proposed Pope and Mann wells lie >65 miles away.

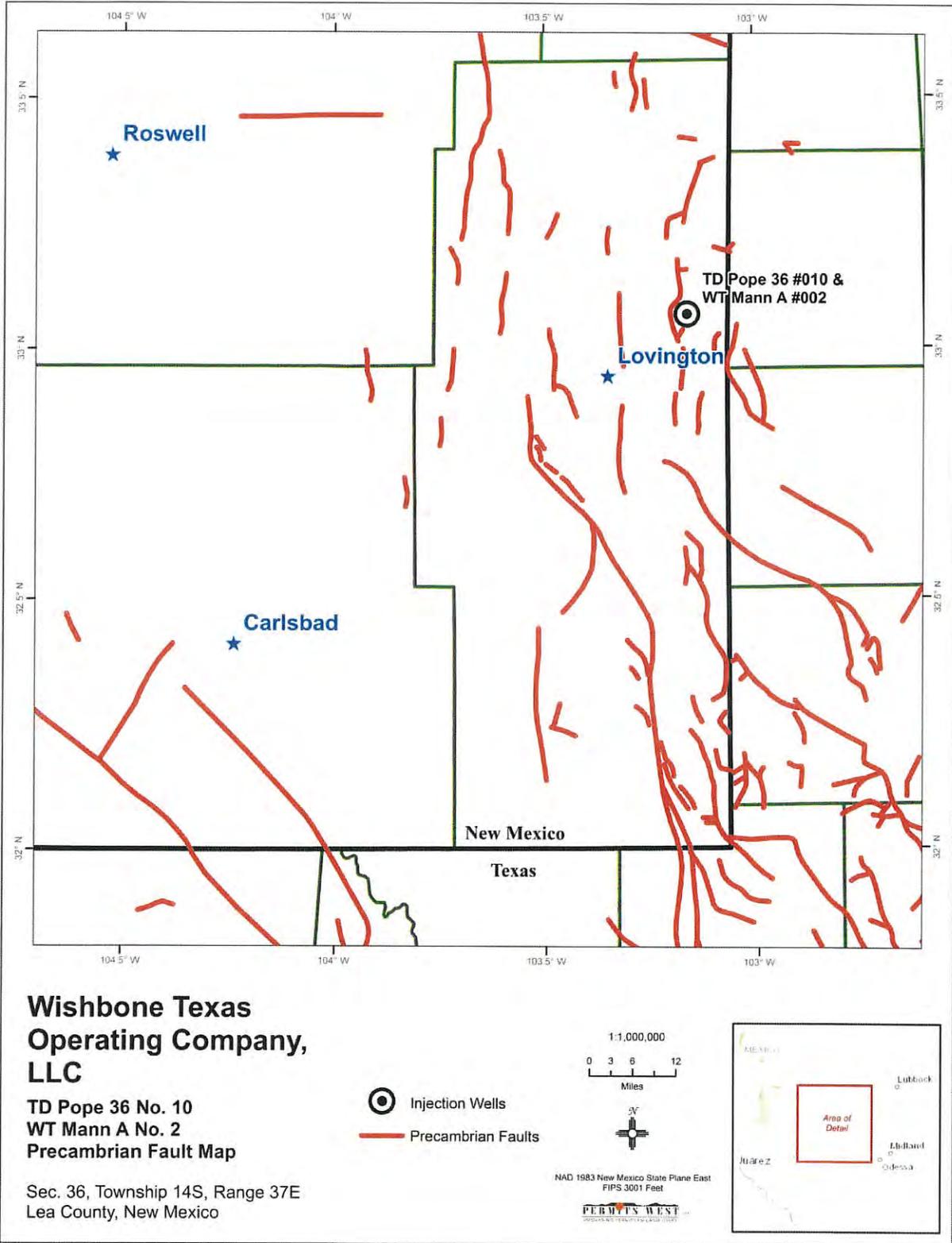


Figure 2. Structural contour map of the Precambrian basement in feet below sea level. Red lines represent the locations of Precambrian basement-penetrating faults (Ewing et al., 1990). Green lines represent county boundaries. The Pope and Mann injection wells lie ~2 mi E of the closest deeply penetrating fault.

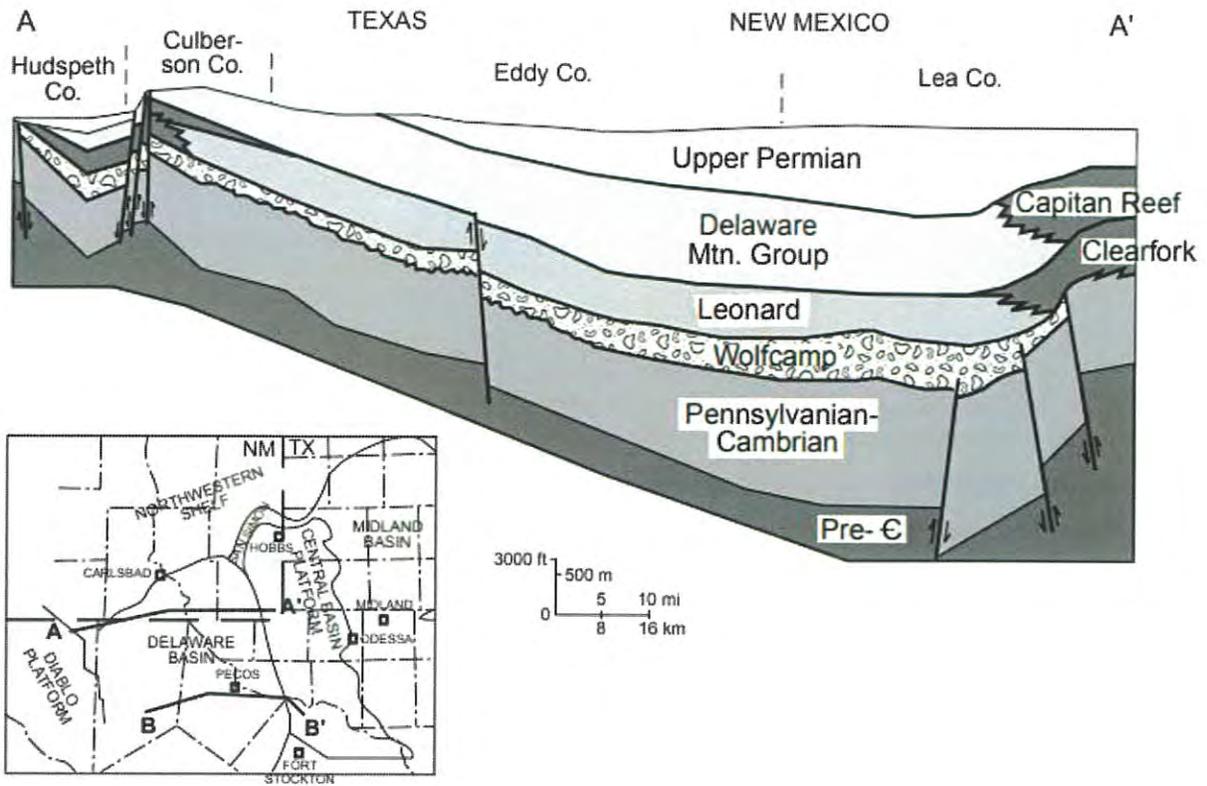


Figure 3. Cross section of the Permian Basin from Montgomery (1997). Notice the majority of basement faults only penetrate through the Leonard and deeper formations and therefore cannot act as conduits to the near surface potable water sources.

Table 1: Fault Slip Potential model input parameters

Faults	Value	Notes
Friction Coefficient	0.58	Ikari et al. (2011)
Dip Angle (deg)	70	Snee and Zoback (2018)
Stress		
Vertical stress gradient (psi/ft)	1.1	Hurd and Zoback (2012)
Max Horizontal Stress Direction (deg)	105	Snee and Zoback (2018)
Depth for calculations (ft)	13000	Proposed injection zone
Initial Reservoir Pressure Gradient (psi/ft)	0.7	calculated from mud wt (ppg) used in drilling at these depths
A Phi Parameter	0.85	Snee and Zoback (2018)
Reference Friction Coefficient	0.58	Ikari et al. (2011)
Hydrology		
Aquifer thickness (ft)	1000	Proposed injection zone
Porosity (%)	10	
Permeability (mD)	50	
Injection Rate (bbl/day/well)	20000	Maximum proposed injection rate

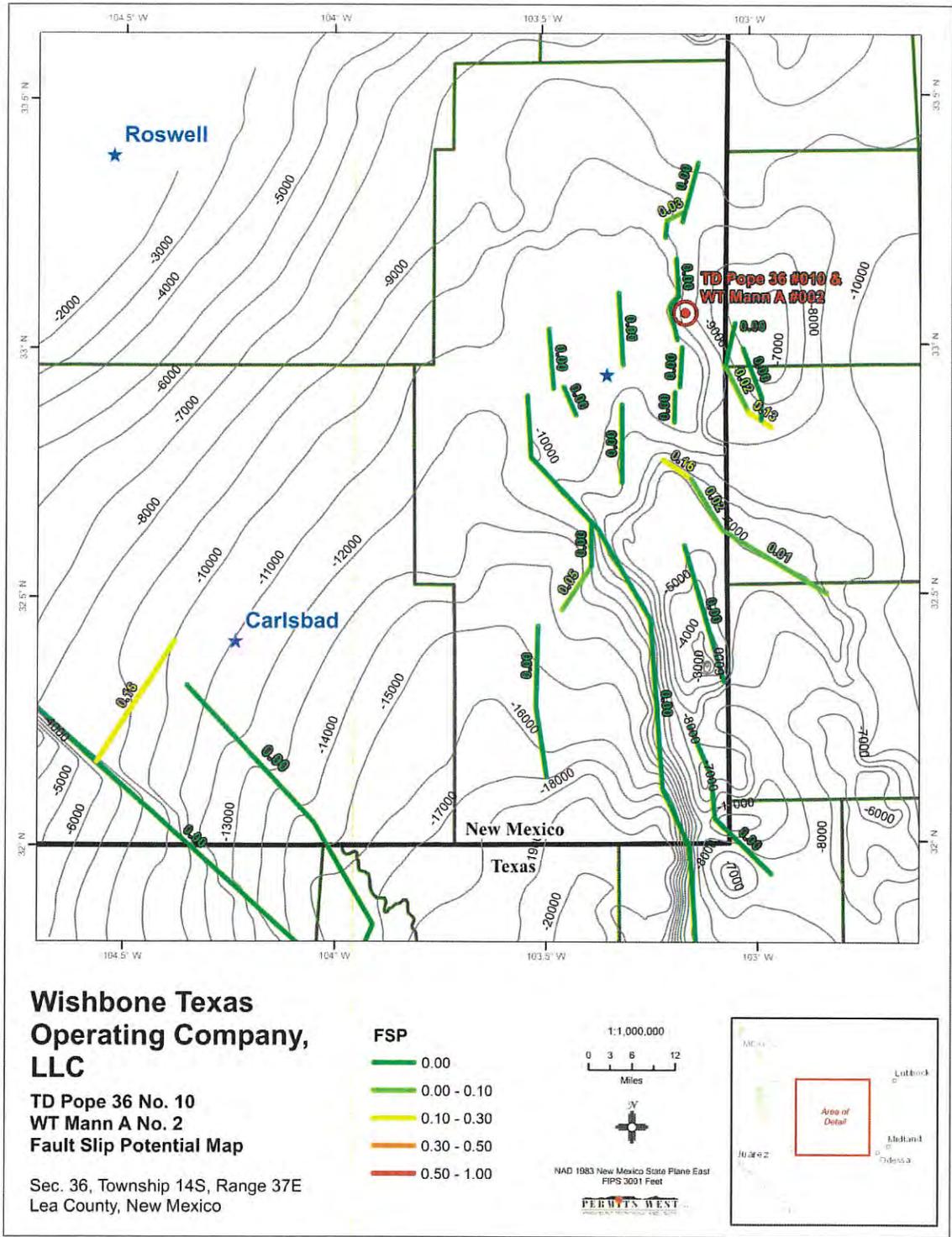
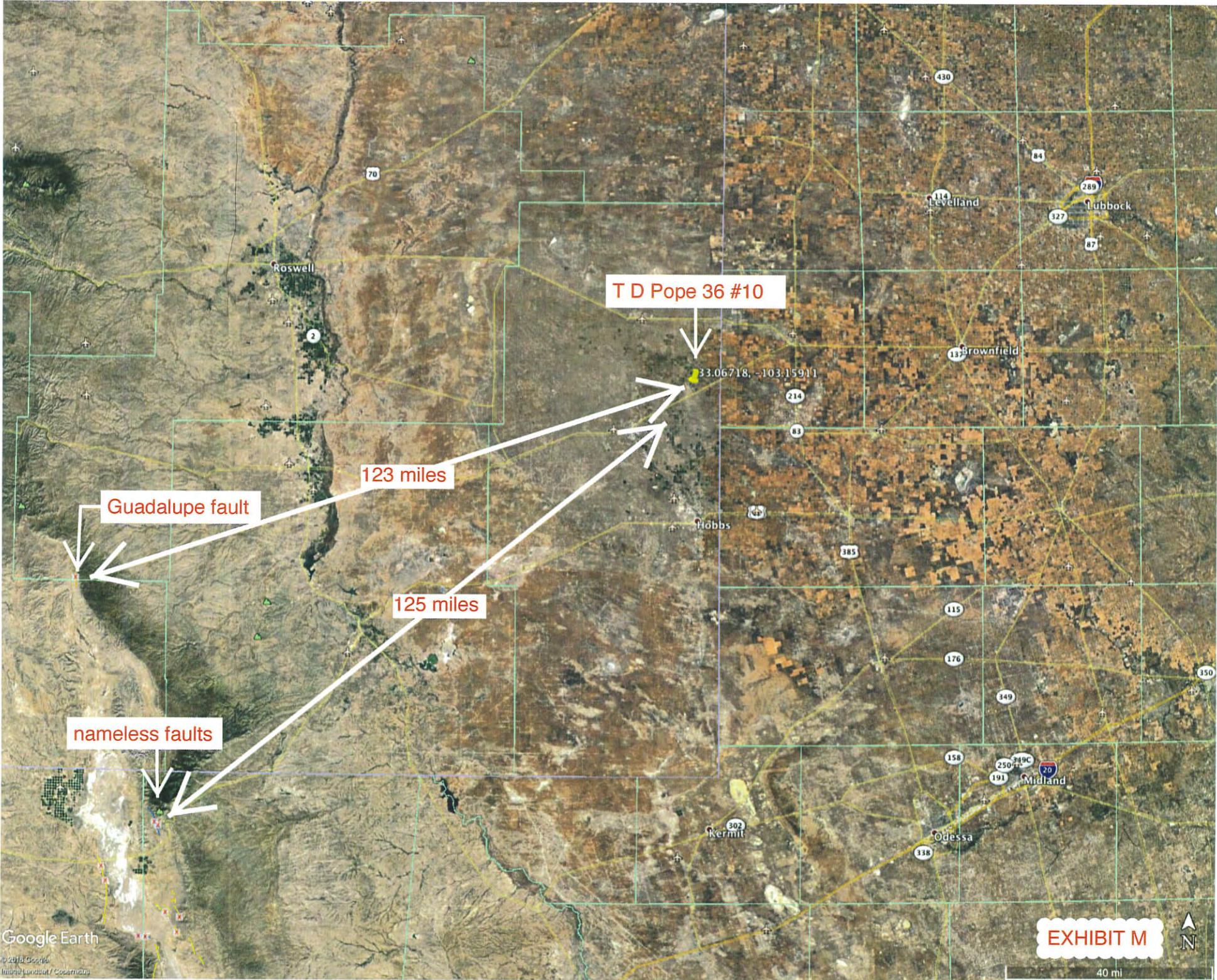


Figure 4. Fault slip potential map showing faults as mapped by Ewing et al. (1990). Faults are colored based on probability of fault slip as modeled using Fault Slip Potential software (Walsh and Zoback, 2016). Labeled values represent the calculated fault slip potential using the parameters indicated in Table 1. Contours show the top of the Precambrian basement in feet below sea level.

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T D Pope 36 #10

33.06718, -103.15911

123 miles

Guadalupe fault

125 miles

nameless faults

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CANDACE CALLAHAN

DIRECT: (505) 983-8764
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

March 12, 2019

VIA CERTIFIED MAIL-RETURN RECEIPT

To: Donna Spears Johnson

Re: New Mexico Oil Conservation Division Application of Wishbone Texas Operating Company, LLC for Reinstatement of Injection Well Permits to Enhance Oil Recovery in Denton Devonian Waterflood Project, Lea County, New Mexico, Case No. 20406
T.D Pope "36" Well No. 10

Dear Ladies and Gentlemen:

This letter is to advise you that Wishbone Texas Operating Company, LLC has filed with the New Mexico Oil Conservation Division the enclosed Application for Reinstatement of Injection Well Permits to Enhance Oil Recovery in the Denton Devonian Waterflood Project, Lea County, New Mexico. A copy of the accompanying C-108 is also enclosed. This application is to be set for hearing before a Division Examiner at 8:15 a.m. on April 4, 2019 by order of the Director of the Oil Conservation Division. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as the surface owner underlying the T. D. Pope "36" Well No. 10 you may be affected by this application, and you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement four days in advance of a scheduled hearing. This statement must be filed with the Division's Santa Fe office at the above address and should include: the names of the party and its attorney; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact H. Craig Clark at +1 (832-807-2207) or hcclark@wishboneep.com.

Very truly yours,



Candace Callahan
Attorney for Wishbone Texas Operating Company LLC.

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CANDACE CALLAHAN

DIRECT: (505) 983-8764
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

March 12, 2019

VIA CERTIFIED MAIL-RETURN RECEIPT

To: Resolute Natural Resources

Re: New Mexico Oil Conservation Division Application of Wishbone Texas Operating Company, LLC for Reinstatement of Injection Well Permits to Enhance Oil Recovery in Denton Devonian Waterflood Project, Lea County, New Mexico, Case No. 20406
W.T. Mann A Well No. 2

Dear Ladies and Gentlemen:

This letter is to advise you that Wishbone Texas Operating Company, LLC has filed with the New Mexico Oil Conservation Division the enclosed Application for Reinstatement of Injection Well Permits to Enhance Oil Recovery in the Denton Devonian Waterflood Project, Lea County, New Mexico. A copy of the accompanying C-108 is also enclosed. This application is to be set for hearing before a Division Examiner at 8:15 a.m. on April 4, 2019 by order of the Director of the Oil Conservation Division. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as the surface owner underlying the W.T Mann A Well No. 2 you may be affected by this application, and you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement four days in advance of a scheduled hearing. This statement must be filed with the Division's Santa Fe office at the above address and should include: the names of the party and its attorney; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact H. Craig Clark at +1 (832-807-2207) or hcclark@wishboneep.com.

Very truly yours,



Candace Callahan

Attorney for Wishbone Texas Operating Company LLC.

Exhibit A

Resolute Natural Resources
1700 Lincoln St.
Suite 2800
Denver CO 80203

Donna Spears Johnson
618 W Avenue A
Lovington NM 88260

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CANDACE CALLAHAN

DIRECT: (505) 983-8764
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

March 12, 2019

VIA CERTIFIED MAIL-RETURN RECEIPT

To: PARTIES ON ATTACHED EXHIBIT A

Re: New Mexico Oil Conservation Division Application of Wishbone Texas Operating Company, LLC Reinstatement of Injection Well Permits to Enhance Oil Recovery in Denton Devonian Waterflood Project, Lea County, New Mexico, Case No. 20406
W.T. Mann A Well No. 2 and T.D Pope "36" Well No. 10

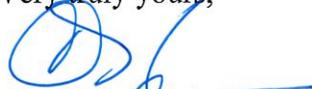
Dear Ladies and Gentlemen:

This letter is to advise you that Wishbone Texas Operating Company, LLC has filed with the New Mexico Oil Conservation Division the enclosed Application for Reinstatement of Injection Well Permits to Enhance Oil Recovery in the Denton Devonian Waterflood Project, Lea County, New Mexico. A copy of the accompanying C-108 is also enclosed. This application is to be set for hearing before a Division Examiner at 8:15 a.m. on April 4, 2019 by order of the Director of the Oil Conservation Division. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an operator or mineral interest owner within the 1/2-mile Area of Review you may be affected by this application, and you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement four days in advance of a scheduled hearing. This statement must be filed with the Division's Santa Fe office at the above address and should include: the names of the party and its attorney; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact H. Craig Clark at +1 (832-807-2207) or hcclark@wishboneep.com.

Very truly yours,



Candace Callahan
Attorney for Wishbone Texas Operating Company LLC.

Exhibit A

Occidental Oil and Gas Corporation
ATTENTION: LAUREN GUEST
Land Department
5 Greenway Plaza, Suite 110
Houston, TX, 77046-0521

Wells Fargo Bank N.A., as Trustee of the
Angelica S. Bryce T/U/W FBO Marc Appleton
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the
Angelica S. Bryce T/U/W FBO Lee Appleton
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the
Angelica S. Bryce T/U/W FBO Peter Appleton
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the
Angelica S. Bryce T/U/W FBO Lynne Appleton
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Sylvie
Bryce Trust FBO Nina Potter created under the
will of Angelica S. Bryce, deceased
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Sylvie
Bryce Trust FBO Clifford Potter created under the
will of Angelica S. Bryce, deceased
PO Box 5383
Denver, CO 80217

Wells Fargo Bank N.A., as Trustee of the Sylvie
Bryce Trust FBO Angelica Schuyler Roop created
under the will of Angelica S. Bryce, deceased
PO Box 5383
Denver, CO 80217

Karl Mark Dunlap
127 A. Chevy Chase Street
Gaithersburg MD 20878

Christopher L. Doran
15 Stranhope Street
Mt. Gravatt
Queensland,4122 Australia

Edwin Kim Dunlap
3019 Del Cerro
Almogordo, NM 88310

Margaret D. Barklind
605 Sudden Valley
Bellingham WA 98229

Ursel S. Doran
1421 N. Virginia, Apt A.
Reno, NV 89503

Wells Fargo Bank N.A Wealth Management as
Agent for Desert Waterfall LLC
201 Main Street, Suite 400
Attn: Bryan Frazier, CPL
Vice President, Sr. Oil & Gas Manager

Harold Alston Elkan and Nancy Hastings Elkan,
Joint Tenants
3731 Shade tree Terrace
Portage, MI 49024-1036

James Reed McCrory
PO Box 25764
Albuquerque, NM 8712-0764

Western Commerce Bank, Trustee of the W.T.
Reed Trust OF
PO Box 1627
Lovington, NM 88260-1627

John David Dunlap
PO Box 1259
Crown Point, NM 87313

Herd Partners Ltd.
PO Box 130
Midland, TX 79702

Jane B. Ramsland Oil and Gas Partnership
PO Box 10505
Midland, TX 79702

Christy B. Mallams
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V. Elaine Barnes
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Steven C. Barnes
PO Box 10505
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Julie Ellen Barnes
PO Box 10505
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Shirley B. Wynn
PO Box 10505
Midland, TX 79702

Wells Fargo Bank, N.A., Trustee for the Lois Mae
Wallace Revocable Trust "A"
PO Box 1959
Midland, TX 79702

Farmers National Company and Brian Tony Kirk
Co-Trustees of the Golda Raechel Watkins Trust
5110 S. Yale Ave. STE 400
Tulsa, OK 74135
ATTN: Oil/ Gas Mineral Management Dept

Farmers National Company and Brian Tony Kirk
Co-Trustees of the Edward Wesley Salem Trust
5110 S. Yale Ave. STE 400
Tulsa, OK 74135
ATTN: Oil/ Gas Mineral Management Dept

Farmers National Company and Brian Tony Kirk
Co-Trustees of the Monte Forrest Byers Trust
5110 S. Yale Ave. STE 400
Tulsa, OK 74135
ATTN: Oil/ Gas Mineral Management Dept

Alton C. White, Jr.
3112 Above Stratford Place
Austin, TX 78746

Muirfield Resources Company
PO Box 3166
Tulsa, OK 74101-3166

Silverado Oil and Gas, LLP
PO Box 52308
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Waikiki Partners, LP
PO Box 2127
Midland, TX 79702

Live Oak Mineral Partners
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Austin, TX 78734

Devon Production Company, LP
333 West Sheridan Avenue
Oklahoma City, Oklahoma 73102-5015

Clifford N. Hair, Jr.
PO Box 8122
Midland, TX 79708

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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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<p>1. Article Addressed to:</p> <p style="text-align: right;">9404 -0002 S</p> <p>Resolute Natural Resources 1700 Lincoln St. Suite 2800 Denver CO. 80203</p>	<p style="text-align: center; color: blue; font-size: 2em;">RECEIVED</p> <p style="text-align: center; color: red; font-size: 1.5em;">MAR 18 2019</p> <p style="text-align: center; color: blue; font-weight: bold;">CIMAREX ENERGY CO</p>												
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	5 Greenway Plaza, Suite 110	
	Houston, TX, 77046-0521	

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<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>COMPLETE THIS SECTION ON DELIVERY</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404 -0002</p> <p>Occidental Oil and Gas Corporation ATTENTION: LAUREN GUEST Land Department 5 Greenway Plaza, Suite 110 Houston, TX, 77046-0521</p>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Lauren Guest</i> <input type="checkbox"/></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1216 00</p> <p>7018 2290 0001 8731 7482</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p>Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>HOUSTON TEXAS MAR 16 2019</p> <p>Domestic Return Receipt</p>

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____

Postmark
Here

Sent To
Street and Apt. No.
City, State, ZIP+4

9404 -0002
 Wells Fargo Bank N.A., as Trustee of the Angelica S.
 Bryce T/U/W FBO Marc Appleton
 PO Box 5383
 Denver, CO 80217

PS Form 3800, April 2013 PSN 7530-02-000-9047 SEE REVERSE FOR INSTRUCTIONS

7018 1130 0000 8506 3018

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">9404 -0002 Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Marc Appleton PO Box 5383 Denver, CO 80217</p>	<p>B. Received by (Printed Name)</p> <p><i>STAROBINE</i></p>	<p>C. Date of Delivery</p> <p>_____</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0000 8506 3018</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Steele</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) STARR OBINEY</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">9404 -0002</p> <p>Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lee Appleton PO Box 5383 Denver, CO 80217</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 3146 7166 1216 24	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 1130 0000 8506 3025</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Domestic Mail Only

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OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage \$ _____</p>	<p>Postmark Here</p>
<p>Sent To Street and Apt. City, State, ZIP+</p>	<p style="text-align: center;">9404 -0002</p> <p>Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lee Appleton PO Box 5383 Denver, CO 80217</p>

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0000 8506 3025

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OFFICIAL USE

7018 1130 0000 8506 3032

Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage	\$ _____
Total Postage	\$ _____

9404 -0002

Sent To	Wells Fargo Bank N.A., as Trustee of the
Street and Apt.	Angelica S. Bryce T/U/W FBO Peter Appleton
City, State, ZIP	PO Box 5383 Denver, CO 80217

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) STAROBINER</p> <p>C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: center;">9404 -0002</p> <p>Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Peter Appleton PO Box 5383 Denver, CO 80217</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7018 1130 0000 8506 3032</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>9590 9402 3146 7166 1216 31</p> 													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

7018 1130 0000 8506 3049

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OFFICIAL USE

Certified Mail Fee
\$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ _____

Total Postage a
\$ _____

9404 -0002

Sent To
Street and Apt. #
City, State, ZIP+4

Wells Fargo Bank N.A., as Trustee of the
Angelica S. Bryce T/U/W FBO Lynne Appleton
PO Box 5383
Denver, CO 80217

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
Wells Fargo Bank N.A., as Trustee of the
Angelica S. Bryce T/U/W FBO Lynne Appleton
PO Box 5383
Denver, CO 80217



9590 9402 3146 7166 1216 48

2. Article Number (Transfer from service label)

7018 1130 0000 8506 3049

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

X *[Signature]*

B. Received by (Printed Name)
STAROBINEV

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Adult Signature Restricted Delivery

Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Return Receipt for Merchandise

Collect on Delivery

Signature Confirmation™

Collect on Delivery Restricted Delivery

Signature Confirmation Restricted Delivery

Mail Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage and \$ _____

Sent To _____

Street and Apt. No. _____

City, State, ZIP+4 _____

9404 -0002

Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce
 Trust FBO Nina Potter created under the will of
 Angelica S. Bryce, deceased
 PO Box 5383
 Denver, CO 80217

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0000 8506 3056

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce
 Trust FBO Nina Potter created under the will of
 Angelica S. Bryce, deceased
 PO Box 5383
 Denver, CO 80217



9590 9402 3146 7166 1216 55

2. Article Number (Transfer from service label)

7018 1130 0000 8506 3056

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

STAN ROBINET

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery Return Receipt for Merchandise
- Collect on Delivery Signature Confirmation™
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Street and Apt.
 City, State, ZIP

9404 -0002
 Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce
 Trust FBO Clifford Potter created under the will of
 Angelica S. Bryce, deceased
 PO Box 5383
 Denver, CO 80217

PS Form 3800

See Reverse for Instructions

7018 1130 0000 8506 2929

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>STH ROBINEM</u></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">9404 -0002 Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Clifford Potter created under the will of Angelica S. Bryce, deceased PO Box 5383 Denver, CO 80217</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7018 1130 0000 8506 2929</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 3146 7166 1216 62</p>	<p>(over 3500)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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OFFICIAL USE

7018 0680 0002 2179 8012

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ _____

Total Postage \$ _____

9404 -0002

Sent To
 Street and Apt.
 City, State, ZIP

Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce
 Trust FBO Angelica Schuyler Roop created under the
 will of Angelica S. Bryce, deceased
 PO Box 5383
 Denver, CO 80217

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce
 Trust FBO Angelica Schuyler Roop created under the
 will of Angelica S. Bryce, deceased
 PO Box 5383
 Denver, CO 80217



9590 9402 3146 7166 1216 79

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8012

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sylvie Bryce Agent Addressee

B. Received by (Printed Name)
STAROBINEK

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Track Another Package +

Tracking Number: 70182290000187316867

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

In-Transit

March 19, 2019
In Transit to Next Facility

Get Updates ✓

Text & Email Updates

Tracking History

March 19, 2019

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

March 15, 2019, 7:36 pm

Departed USPS Regional Facility
GAITHERSBURG MD DISTRIBUTION CENTER

March 14, 2019, 9:32 am

Arrived at USPS Regional Facility
GAITHERSBURG MD DISTRIBUTION CENTER

7018 2290 0001 8731 6867

U.S. Postal Service™	
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Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage	\$ _____
Sent To	Karl Mark Dunlap
Street and Apt.	127 A. Chevy Chase Street
City, State, Zip	Gaithersburg MD 20878
PS Form 3800, April 2015 PSN 7530-02-000-9047	

9404 -0002

Postmark Here

March 12, 2019, 11:27 pm

Departed USPS Origin Facility
ALBUQUERQUE, NM 87101

March 12, 2019, 9:13 pm

Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 12, 2019, 5:30 pm

Departed Post Office
SANTA FE, NM 87505

March 12, 2019, 11:11 am

USPS picked up item
SANTA FE, NM 87505

Product Information

Feedback
∨

See Less ^

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FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)



BEATTY & WOZNIAK, P.C.
ENERGY IN THE LAW

500 Don Gaspar Ave.
Santa Fe, NM 87505



7018 2290 0001 8731 6881

\$8.350
US POSTAGE
FIRST-CLASS
06250011642475
FROM 87505

9404-0002
Edwin Kim Dunlap
3019 Del Cerro
Almogordo, NM 88310

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404-0002</p> <p>Edwin Kim Dunlap 3019 Del Cerro Almogordo, NM 88310</p>															
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1215 01</p> <p>7018 2290 0001 8731 6881</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

NIXIE 731 C0 1 0103/22/19
RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 2290 0001 8731 6850

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage 9404 -0002

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No. _____

City, State, ZIP+4® _____

Margaret D. Barklind
 605 Sudden Valley
 Bellingham WA 98229

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3/22</u></p>
<p>1. Article Addressed to: 9404 -0002</p> <p>Margaret D. Barklind 605 Sudden Valley Bellingham WA 98229</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>2. Article Number (Transfer from service label) 9590 9402 3146 7166 1215 18 7018 2290 0001 8731 6850</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 2290 0001 8731 6836

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$ _____

Total Postage \$ _____

\$ _____

Sent To _____

Street and Apt. _____

City, State, ZIP+4 _____

9404 -0002

Ursel S. Doran
 1421 N. Virginia, Apt A.
 Reno, NV 89503

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>9404 -0002</p> <p>Ursel S. Doran 1421 N. Virginia, Apt A. Reno, NV 89503</p>	<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 3-15</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1215 25</p> <p>7018 2290 0001 8731 6836</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>_____</p> <p>E. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Sinclair, Rowan

From: Callahan, Candace
Sent: Thursday, November 29, 2018 12:54 PM
To: Sinclair, Rowan
Subject: Fwd: injection well in 14-37
Attachments: 14091601 deed eaejr to LLC in Lea County.pdf

Begin forwarded message:

From: "frambuestas@aol.com" <frambuestas@aol.com>
Subject: injection well in 14-37
Date: November 29, 2018 at 9:24:18 AM MST
To: ccallahan@bwenergylaw.com, hcclark@wishboneep.com, bryan.frazier@wellsfargo.com

Dear Ms. Callahan

I am in receipt of two pieces of mail in re Wishbone's application for reinstatement of injection well permits in 14-37, Lea Co., NM.

One packet is addressed to my husband, Harold Alston Elkan, and we are indeed owners of nearby minerals, so this notification was properly made.

However, your title information was apparently flawed.

Your notice to Edward Armstrong Elkan Jr., c/o my husband, Harold Alston Elkan as his AIF was improperly made. My husband is no longer AIF for his deceased brother, and should probably not have accepted the correspondence.

Prior to his death, my brother in law Edward Armstrong Elkan Jr. transferred his minerals to an entity entitled Desert Waterfall LLC.

The conveyance was as follows:

deed from eaejr to Desert Waterfall LLC. Book 1716, page 728, dated 1/31/11, recorded 2/14/11

I will attach a pdf of the deed.

Assets owned by Desert Waterfall LLC are managed by Wells Fargo as Agent.

Please send the required notification to:

Bryan Frazier, CPL
Vice President, Sr. Regional Oil & Gas Manager
Wells Fargo Bank, N.A.
Wealth Management
address: 201 Main Street, Suite 400, Fort Worth, TX 76102
email: bryan.frazier@wellsfargo.com
817-334-7031 office
817-247-7858 cell
817-334-7157 fax

Thank you very much.

Nancy Hastings Elkan
(Mrs. Harold Alston Elkan)
3731 Shade Tree Terrace, Portage, MI 49024-1036

EXHIBIT A

LEA COUNTY NEW MEXICO				
TOWNSHIP	RANGE	SECTION	LOCATION	UNDIVIDED OWNERSHIP
9 SOUTH	33 EAST	29	NW/4	0.039975
13 SOUTH	34 EAST	25	SW/4, S/2 NW/4	0.25625
		34	NE/4, W/2 SE/4, SW/4	0.25625
14 SOUTH	34 EAST	1	LOT 1, S/2 NE/4, SE/4 NW/4	0.25625
		11	S/2 NE/4, NW/4 NE/4	0.25625
15 SOUTH	34 EAST	12	W/2, N/2 NW/4	0.016015625
		35	ALL	0.004966875
20 SOUTH	34 EAST	28	N/2	5.9783125
13 SOUTH	35 EAST	8	E/2 SE/4 of LOT 6, LOTS 6, 7 (W/2 SW/4)	0.016015625
		4	SE/4 SE/4	0.03203125
		9	S/2 NE/4, NE/4 NE/4	0.03203125
		16	W/2	0.25625
		24	S/2 S/2 NE/4	0.240234375
		29	N/2	0.22421875
		30	W/2 NW/4, NE/4, E/2 E/2 E/2 NW/4	0.128125
		30	W/2 E/2 NW/4	0.25625
14 SOUTH	35 EAST	7	SE/4 (837/4000 MI)	0.124088063
		7	E/2 SW/4	0.25625
		15	E/2	0.016015625
		26	SW/4	0.008326125
		33	SE/4	0.00899375
		33	SW/4	0.00333125
15 SOUTH	36 EAST	10	S/2	0.002498438
		23	E/2, SE/4 NW/4, E/2 SW/4, NW/4 SW/4	0.0066625
		24	W/2	0.010677083
		26	W/2	0.0066625
18 SOUTH	36 EAST	23	NE/4	0.1599
		24	W/2 NW/4, SE/4 NW/4	0.1599
19 SOUTH	35 EAST	9	W/2 SE/4, SE/4 SW/4	0.128125
10 SOUTH	35 EAST	17	S/2	0.002498438
12 SOUTH	36 EAST	21	SW/4 NE/4	0.039975
16 SOUTH	36 EAST	1	LOTS 3, 4, 5, 6	0.00998375
		8	SE/4, N/2 SW/4, SW/ SW/4	0.1599
		12	NW/4	0.0199875
		25	S/2 NW/4, N/2 SW/4	0.001873628
15 SOUTH	37 EAST	7	SW/4	0.0040625
		33	NE/4	0.0540625
16 SOUTH	37 EAST	7	NW/4,	0.05125
		7	LOTS 1, 2	0.014250511
		8	NW/4	0.05125
		21	S/2	0.004966875
		27	NE/4	0.00998375

EXHIBIT A

LEA COUNTY NEW MEXICO				
TOWNSHIP	RANGE	SECTION	LOCATION	UNDIVIDED OWNERSHIP
17 SOUTH	37 EAST	6	SE/4	0.004996875
		29	W/2 SW/4 , SE/4 SW/4	0.128125
		29	NE/4 SW/4	0.1921875
		31	ALL	0.1921875
		32	NW/4	0.1921875
10 SOUTH	38 EAST	31	N/2 NE/4	0.1066
13 SOUTH	38 EAST	28	W/2	0.046590909
14 SOUTH	38 EAST	30	W/2 SW/4 , S/2 N/2	0.085418375
16 SOUTH	38 EAST	28	NW/4	0.00999375
17 SOUTH	38 EAST	21	SE/4	0.003497813
18 SOUTH	38 EAST	10	N/2 , SE/4	0.001655825
17 SOUTH	39 EAST	6	SW/4	0.004996875
		8	NW/4	0.004996875
18 SOUTH	39 EAST	7	SE/4	0.03203125

27548

STATE OF NEW MEXICO
 COUNTY OF LEA
 FILED

FEB 14 2011

at 12:31 o'clock P.M.
 Paid
 Pat. Chappelle, Lea County Clerk
 By: [Signature] Deputy



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7018 2290 0001 8731 6843

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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	9404-0002
Total Postage \$	Wells Fargo Bank N.A, Wealth Management as Agent for Desert Waterfall LLC 201 Main Street, Suite 400 Fort Worth, TX 76102 ATTN: Bryan Frazier, CPL Vice President, Sr. Regional Oil & Gas Manager
Sent To	
Street and Apt. #	
City, State, ZIP+4	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>S. Frazier</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Samira Rizo</i></p> <p>C. Date of Delivery <i>3/15/19</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>1. Article Addressed to: 9404-0002 Wells Fargo Bank N.A, Wealth Management as Agent for Desert Waterfall LLC 201 Main Street, Suite 400 Fort Worth, TX 76102 ATTN: Bryan Frazier, CPL Vice President, Sr. Regional Oil & Gas Manager</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail															
<p>2. Article Number (Transfer from service label) 9590 9402 3146 7166 1215 32</p>	<p>Restricted Delivery</p>														
<p>7018 2290 0001 8731 6843</p>															
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt														

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7018 2290 0001 8731 6829

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage	9404-0002
\$	
Total Postage:	Harold Alston Elkan and Nancy Hastings Elkan, Joint Tenants
\$	
Sent To	3731 Shade tree Terrace
Street and Apt.	Portage, MI 49024-1036
City, State, ZIP	

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404-0002

Harold Alston Elkan and Nancy Hastings Elkan,
Joint Tenants
3731 Shade tree Terrace
Portage, MI 49024-1036



9590 9402 3146 7166 1215 49

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6829

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Nancy Elkan Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 3/15/15

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage and Fees \$ _____

9404 -0002

Sent To James Reed McCrory

Street and Apt. No. PO Box 25764

City, State, ZIP+4® Albuquerque, NM 8712-0764

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 8731 6812

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 James Reed McCrory
 PO Box 25764
 Albuquerque, NM 8712-0764



9590 9402 3146 7166 1215 56

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6812

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Reed McCrory* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-18-19

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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OFFICIAL USE

7018 2290 0001 8731 6805

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage	\$
Sent To	
Street and Apt	
City, State, Zi	

9404 -0002
 Western Commerce Bank, Trustee of the W.T.
 Reed Trust OF
 PO Box 1627
 Lovington, NM 88260-1627

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 9404 -0002
 Western Commerce Bank, Trustee of the W.T.
 Reed Trust OF
 PO Box 1627
 Lovington, NM 88260-1627



2. Article Number (Transfer from service label)
 7018 2290 0001 8731 6805

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

Track Another Package +

Tracking Number: 70182290000187316898

Remove X

Your item could not be delivered on March 28, 2019 at 3:33 pm in CROWNPOINT, NM 87313. It was held for the required number of days and is being returned to the sender.

Alert

March 28, 2019 at 3:33 pm
Unclaimed/Being Returned to Sender
CROWNPOINT, NM 87313

Get Updates ✓

Text & Email Updates

Tracking History

March 28, 2019, 3:33 pm

Unclaimed/Being Returned to Sender
CROWNPOINT, NM 87313

Your item could not be delivered on March 28, 2019 at 3:33 pm in CROWNPOINT, NM 87313. It was held for the required number of days and is being returned to the sender.

March 19, 2019, 10:12 am

Available for Pickup
CROWNPOINT, NM 87313

March 14, 2019, 10:02 am

Available for Pickup
CROWNPOINT, NM 87313

7018 2290 0001 8731 6898

U.S. Postal Service™	
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Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage at	9404 -0002
Sent To	John David Dunlap
	PO Box 1259
Street and Apt. N	Crown Point, NM 87313
City, State, ZIP+4	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

March 14, 2019, 10:02 am

Arrived at Unit
CROWNPOINT, NM 87313

March 13, 2019, 6:58 pm

Departed USPS Origin Facility
ALBUQUERQUE, NM 87101

March 13, 2019

In Transit to Next Facility

March 12, 2019, 9:13 pm

Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 12, 2019, 5:30 pm

Departed Post Office
SANTA FE, NM 87505

March 12, 2019, 11:11 am

USPS picked up item
SANTA FE, NM 87505

Feedback

Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

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OFFICIAL USE

7018 2290 0001 8731 6904

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage
 \$ _____

Total Postage \$ _____

9404 -0002

Sent To Herd Partners Ltd.
 PO Box 130
 Street and Apt Midland, TX 79702
 City, State, Zip

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 Herd Partners Ltd.
 PO Box 130
 Midland, TX 79702



9590 9402 3146 7166 1215 87

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6904

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 * *Marsha McDuffy* Agent Addressee

B. Received by (Printed Name) *MARSHA MCDUFFY* C. Date of Delivery *3-26-19*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: NO

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 0680 0002 2179 8111

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage at 9404 -0002 \$ _____

Sent To Jane B. Ramsland Oil and Gas Partnership
 PO Box 10505
 Street and Apt. # Midland, TX 79702
 City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Mitzi Matthews</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mitzi Matthews</i></p> <p>C. Date of Delivery <i>3-18-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">9404 -0002</p> <p>Jane B. Ramsland Oil and Gas Partnership PO Box 10505 Midland, TX 79702</p>	
 9590 9402 3146 7166 1213 96	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 0680 0002 2179 8111</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 0680 0002 2179 8128

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage \$ _____

9404 -0002

Sent To Christy B. Mallams
 PO Box 10505
 Street and Apt. N Midland, TX 79702
 City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002

Christy B. Mallams
 PO Box 10505
 Midland, TX 79702



9590 9402 3146 7166 1214 02

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8128

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mitzi Matthews Agent
 Addressee

B. Received by (Printed Name)

Mitzi Matthews

C. Date of Delivery

3-18-19

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ _____

Total Postage
 \$ _____

9404 -0002

Sent To
 V. Elaine Barnes
 PO Box 10505
 Street and Apt
 Midland, TX 79702
 City, State, Z

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0680 0002 2179 8135

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 V. Elaine Barnes
 PO Box 10505
 Midland, TX 79702



9590 9402 3146 7166 1214 19

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8135

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Mitch Matthews Agent
 Addressee

B. Received by (Printed Name)
Mitch Matthews

C. Date of Delivery
3-18-19

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 2290 0001 8731 6683

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ _____

Total Postage at
 \$ _____

9404-0002

Sent To
 Street and Apt. N
 City, State, ZIP+4

Steven C. Barnes
 PO Box 10505
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404-0002

Steven C. Barnes
 PO Box 10505
 Midland, TX 79702



9590 9402 3146 7166 1214 26

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6683

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Mitzi Matthews Agent
 Addressee

B. Received by (Printed Name)
Mitzi Matthews

C. Date of Delivery
3-29-19

D. Is delivery address different from item 1?
 If YES, enter delivery address below: Yes No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

BEATTY & WOZNIAK, P.C.
 ENERGY IN THE LAW
 500 Don Gaspar Ave.
 Santa Fe, NM 87505



stamps
 \$8.350
 US POSTAGE
 FIRST-CLASS
 06250011642475
 FROM 87505
 B04831.23
 stamps

*Unknown
 RTS*

*3/5
 10505*

~~Laurie B. Barr
 PO Box 10505
 Midland, TX 79702~~ 9404-0002

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Laurie B. Barr PO Box 10505 Midland, TX 79702 9404-0002</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 8731 6690</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 3146 7166 1214 33</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

NIXIE 731 0003/25/19
 NOT DELIVERED
 SENDER AS ADDRESSED
 RETURN TO FORWARD
 BC: 87505201 08 23260034153-82083

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 2290 0001 8731 6706

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage	
\$	
Total Postage	9404 -0002

Sent To	Julie Ellen Barnes
Street and Apt.	PO Box 10505
City, State, ZIP	Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Mitzie Matthews</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mitzie Matthews</i></p> <p>C. Date of Delivery <i>3-18-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right;">9404 -0002</p> <p>Julie Ellen Barnes PO Box 10505 Midland, TX 79702</p> </div>															
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1214 40</p> <p>7018 2290 0001 8731 6706</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery (over \$500)															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

BEATTY & WOZNIAK, P.C.
ENERGY IN THE LAW
500 Don Gaspar Ave.
Santa Fe, NM 87505



7018 2290 0001 8731 6713

stamps
\$8.35 0
US POSTAGE
FIRST-CLASS
062S0011642475
FROM 87505

*Unknown
RTS*

10505 2/15

~~Shirley B. Wynn
PO Box 10505
Midland, TX 79702~~ 9404-0002

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Shirley B. Wynn PO Box 10505 Midland, TX 79702 9404-0002</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1214 57</p> <p>7018 2290 0001 8731 6713</p>	
<p>3. Service Type</p> <ul style="list-style-type: none"><input type="checkbox"/> Adult Signature<input type="checkbox"/> Adult Signature Restricted Delivery<input type="checkbox"/> Certified Mail®<input type="checkbox"/> Certified Mail Restricted Delivery<input type="checkbox"/> Collect on Delivery<input type="checkbox"/> Collect on Delivery Restricted Delivery	<ul style="list-style-type: none"><input type="checkbox"/> Priority Mail Express®<input type="checkbox"/> Registered Mail™<input type="checkbox"/> Registered Mail Restricted Delivery<input checked="" type="checkbox"/> Return Receipt for Merchandise<input type="checkbox"/> Signature Confirmation™<input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

NIXIE 731 D0 1 0003/25/19
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 2290 0001 8731 6720

Certified Mail Fee
 \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ _____
 Total Postage \$ _____
 Sent To _____
 Street and Apt. # _____
 City, State, ZIP+4® _____

9404 -0002

Wells Fargo Bank, N.A., Trustee for the Lois
 Mae Wallace Revocable Trust "A"
 PO Box 1959
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047

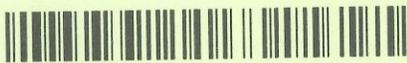
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 Wells Fargo Bank, N.A., Trustee for the Lois
 Mae Wallace Revocable Trust "A"
 PO Box 1959
 Midland, TX 79702



9590 9402 3146 7166 1214 64

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 E. Fall Agent
 Addressee

B. Received by (Printed Name) *Elvion Acuña* **C. Date of Delivery** *3-28-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

- 3. Service Type**
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Bank of America, N.A.

Date 11/27/2018

BEATTY & WOZNIAK, P.C.

500 DON GASPAR AVE.

SANTA FE, NM 87505

Re: Attachments / Enclosures

Owner Relations:

This letter is to inform you the account for correspondence enclosed is no longer managed by Bank of America N.A.. The account has been closed over twelve months, the last known contact(s) are shown below:

FARMERS NATIONAL COMPANY

5110 S. YALE AVE, STE 400

TULSA , OK 74135

ATTN: OIL / GAS MINERAL MANAGEMENT DEPT

Please contact or direct any inquires to above.

Respectfully,

U.S. Trust, Bank of America Private Wealth Management
901 Main Street, TX1-492-17-01
Dallas, TX 75202-3714

TX1-492-17-01, P.O. BOX 830308
Dallas, TX 75283-0308

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OFFICIAL USE

7018 2290 0001 8731 6737

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and	\$
Sent To	
Street and Apt. No.	
City, State, ZIP+4®	

9404 -0002

Farmers National Company and Brian Tony Kirk
 Co-Trustees of the Golda Raechel Watkins Trust
 5110 S. Yale Ave, STE 400
 Tulsa, OK 74135
 ATTN: Oil/ Gas Mineral Management Dept

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

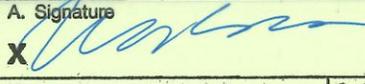
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002

Farmers National Company and Brian Tony Kirk
 Co-Trustees of the Golda Raechel Watkins Trust
 5110 S. Yale Ave, STE 400
 Tulsa, OK 74135
 ATTN: Oil/ Gas Mineral Management Dept

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Megan Lee 3/16/19

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



9590 9402 3146 7166 1214 71

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6737

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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OFFICIAL USE

7018 2290 0001 8731 6874

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage
 \$ _____

Total Postage and
 \$ _____

Sent To

Street and Apt. No.

City, State, ZIP+4

9404 -0002

Farmers National Company and Brian Tony Kirk Co-
 Trustees of the Edward Wesley Salem Trust
 5110 S. Yale Ave, STE 400
 Tulsa, OK 74135
 ATTN: Oil/ Gas Mineral Management Dept

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002

Farmers National Company and Brian Tony Kirk Co-
 Trustees of the Edward Wesley Salem Trust
 5110 S. Yale Ave, STE 400
 Tulsa, OK 74135
 ATTN: Oil/ Gas Mineral Management Dept



9590 9402 3146 7166 1214 88

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6874

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Megan Lee

C. Date of Delivery
 3/15/14

D. Is delivery address different from item 1?
 If YES, enter delivery address below: Yes No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 0680 0002 2179 8029

Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____
 Total Postage at \$ _____

Sent To
 Street and Apt. N
 City, State, ZIP+4

Farmers National Company and Brian Tony Kirk
 Co-Trustees of the Monte Forrest Byers Trust
 5110 S. Yale Ave, STE 400
 Tulsa, OK 74135
 ATTN: Oil/ Gas Mineral Management Dept

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 9404 -0002 Farmers National Company and Brian Tony Kirk Co-Trustees of the Monte Forrest Byers Trust 5110 S. Yale Ave, STE 400 Tulsa, OK 74135 ATTN: Oil/ Gas Mineral Management Dept</p>	<p>B. Received by (Printed Name) <i>Megan Lee</i></p>	<p>C. Date of Delivery <i>3/15/19</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 3146 7166 1216 86</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

Track Another Package +

Tracking Number: 70180680000221798036

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

In-Transit

March 27, 2019
In Transit to Next Facility

Get Updates ✓

Text & Email Updates

Tracking History

March 27, 2019

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

March 23, 2019, 10:12 pm

Departed USPS Regional Facility
OKLAHOMA CITY OK DISTRIBUTION CENTER

March 23, 2019, 6:18 pm

Arrived at USPS Regional Facility
OKLAHOMA CITY OK DISTRIBUTION CENTER

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here 9404 -0002 Alton C. White, Jr. 3112 Above Stratford Place Austin, TX 78746 City, State, ZIP+4
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7018 0680 0002 2179 8036

March 18, 2019, 8:13 amOut for Delivery
AUSTIN, TX 78746**March 18, 2019, 8:03 am**Sorting Complete
AUSTIN, TX 78746**March 18, 2019, 3:19 am**Arrived at Unit
AUSTIN, TX 78704**March 18, 2019, 2:47 am**Departed USPS Regional Facility
AUSTIN TX DISTRIBUTION CENTER**March 16, 2019, 2:52 pm**Arrived at USPS Regional Facility
AUSTIN TX DISTRIBUTION CENTER**March 14, 2019, 11:25 pm**Departed USPS Regional Facility
SAINT PAUL MN NETWORK DISTRIBUTION CENTER**March 14, 2019, 9:24 am**Arrived at USPS Regional Facility
SAINT PAUL MN NETWORK DISTRIBUTION CENTER**March 12, 2019, 9:25 pm**Departed USPS Facility
ALBUQUERQUE, NM 87101**March 12, 2019, 9:13 pm**Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101**March 12, 2019, 5:30 pm**Departed Post Office
SANTA FE, NM 87505

Feedback

March 12, 2019, 11:11 am

USPS picked up item

SANTA FE, NM 87505

Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

Feedback

The easiest tracking number is the one you don't have to know.

With Informed Delivery[®], you never have to type in another tracking number. Sign up to:

- See images* of incoming mail.

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OFFICIAL USE

7018 0680 0002 2179 8043

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage
 \$ _____

Total Postage
 \$ _____

Sent To

Street and Apt.

City, State, ZIP

9404 -0002

Muirfield Resources Company
 PO Box 3166
 Tulsa, OK 74101-3166

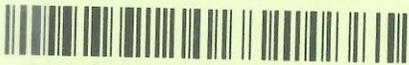
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 Muirfield Resources Company
 PO Box 3166
 Tulsa, OK 74101-3166



9590 9402 3146 7166 1219 69

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8043

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *W. Miller*

- Agent
- Addressee

B. Received by (Printed Name)

W. Miller

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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OFFICIAL USE

7018 0680 0002 2179 8050

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ _____

Total Postage \$ _____

Sent To _____

Street and Apt. _____

City, State, ZIP+4 _____

9404 -0002

Silverado Oil and Gas, LLP
 PO Box 52308
 Tulsa, OK 74152

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Greg Duke</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404 -0002</p> <p>Silverado Oil and Gas, LLP PO Box 52308 Tulsa, OK 74152</p>		<p>B. Received by (Printed Name) <i>Greg Duke</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1219 52</p> <p>7018 0680 0002 2179 8050</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7018 0680 0002 2179 8067

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and	\$

9404 -0002

Sent To
Street and Apt. No.
City, State, ZIP+4®

Waikiki Partners, LP
PO Box 2127
Midland, TX 79702

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3.</p> <ul style="list-style-type: none"> Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Ana Prieto</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 9404 -0002</p> <p>Waikiki Partners, LP PO Box 2127 Midland, TX 79702</p>		<p>B. Received by (Printed Name) <i>Ana Prieto</i></p>	<p>C. Date of Delivery <i>3/29/19</i></p>
<p>2. Article Number (Transfer from service label) 7018 0680 0002 2179 8067</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 3146 7166 1213 41</p>		<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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OFFICIAL USE

7018 0680 0002 2179 8074

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ _____

Total Postage and
 \$ _____

9404-0002

Sent To
 Street and Apt. No.
 City, State, ZIP+4

Live Oak Mineral Partners
 PO Box 341981
 Austin, TX 78734

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404-0002
 Live Oak Mineral Partners
 PO Box 341981
 Austin, TX 78734



9590 9402 3146 7166 1213 58

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8074

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery

Kim Clenday 3/18/19

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 0680 0002 2179 8081

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage at \$ _____

9404 -0002

Sent To _____

Street and Apt. # _____

City, State, ZIP+4 _____

Devon Production Company, LP
 333 West Sheridan Avenue
 Oklahoma City, Oklahoma 73102-5015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 Devon Production Company, LP
 333 West Sheridan Avenue
 Oklahoma City, Oklahoma 73102-5015



9590 9402 3146 7166 1213 65

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8081

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7018 0680 0002 2179 8098

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage and Fees \$ _____

9404 -0002

Clifford N. Hair, Jr.
 PO Box 8122
 Midland, TX 79708

Sent To _____

Street and Apt. No. _____

City, State, ZIP+4 _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

9404 -0002
 Clifford N. Hair, Jr.
 PO Box 8122
 Midland, TX 79708



9590 9402 3146 7166 1213 72

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8098

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *M Hair* Agent Addressee

B. Received by (Printed Name)
Michael Hair

C. Date of Delivery
3-19-19

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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OFFICIAL USE

7018 0680 0002 2179 8104

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ _____

9404 -0002

Total Postage and
 \$ _____

Sent To

Cimarex Energy Co.
 15 East 5th Street, Suite 1000
 Tulsa, OK 74103

Street and Apt. No.

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>Justin Wallace</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JUSTIN WALLACE</u></p> <p>C. Date of Delivery <u>3-18-19</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404 -0002</p> <p>Cimarex Energy Co. 15 East 5th Street, Suite 1000 Tulsa, OK 74103</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1213 89</p> <p>7018 0680 0002 2179 8104</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

USPS Tracking®

FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

Track Another Package +

Tracking Number: RE093588895US

Remove X

Not Trackable

USPS Tracking® is unavailable for this product for AUSTRALIA.

Feedback

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<https://www.usps.com/faqs>)

Registered No. **RE093588895US**

To Be Completed By Post Office	Reg. Fee	\$8.85	
	Handling Charge	\$16.00	Return Receipt
	Postage	\$0.00	Restricted Delivery
	Received by	\$0.00	
		\$24.85	
Customer Must Declare Full Value		\$0.00	<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance

Date Stamp: **MAR 13 2019** 0496 43

Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).

OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	SANTA FE, NM 87501 Beatty and Wozniak p.c 500 don Gaspar Ave. Santa Fe, NM 87505
	TO	Christopher L. Doran 15 Strossmayer Street Mt. Gravatt Queensland, 4122 Australia

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
 May 2004 (7530-02-000-9051) (See Information on Reverse)
 For domestic delivery information, visit our website at www.usps.com®

Status of Wishbone Case 20406 Surface Owner Mailing

Recipient	Delivered	Receipt	Returned	Status	Publish date:
1 Donna Spears Johnson	X	X		delivered	
2 Resolute Natural Resources	X	X		delivered	

Status of Wishbone Case 20406 Mineral interest and Operator Mailing

Recipient	Delivered	Receipt	Returned	Status	Publish date:
3 Occidental Oil and Gas Corporation	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Marc Appleton	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lee Appleton	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Peter Appleton	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lynne Appleton	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Nina Potter created under the will of Angelica S. Bryce, deceased	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Clifford Potter created under the will of Angelica S. Bryce, deceased	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Angelica Schuyler Roop created under the will of Angelica S. Bryce, deceased	X	X		delivered	
11 Karl Mark Dunlap				in transit	published 3/21/19
12 Edwin Kim Dunlap			X	returned to sender	published 3/21/19
13 Margaret D. Barklind	X	X		delivered	
14 Ursel S. Doran	X	X		delivered	
Wells Fargo Bank N.A, Wealth Management as Agent for Desert Waterfall, LLC	X	X		delivered	

16	Harold Alston Elkan and Nancy Hastings Elkan, Joint Tenants	X	X			delivered	
17	James Reed McCrory Western Commerce Bank, Trustee of the	X	X			delivered	
18	W.T. Reed Trust OF	X	X			delivered	
19	John David Dunlap Herd Partners Ltd.	X	X			to be returned to sender	published 3/21/19
20		X	X			delivered	
21	Jane B. Ramsland Oil and Gas Partnership	X	X			delivered	
22	Christy B. Mallams	X	X			delivered	
23	V. Elaine Barnes	X	X			delivered	
24	Steven C. Barnes	X	X			delivered	
25	Laurie B. Barr	X	X		X	returned to sender	published 3/21/19
26	Julie Ellen Barnes	X	X			delivered	
27	Shirley B. Wynn				X	returned to sender	published 3/21/19
28	Wells Fargo Bank, N.A., Trustee for the Lois Mae Wallace Revocable Trust "A"	X	X			delivered	
29	Farmers National Company and Brian Tony Kirk co Trustees of the Golda Raechel Watkins Trust	X	X			delivered	
30	Farmers National Company and Brian Tony Kirk co Trustees of the Edward Wesley Salem Trust	X	X			delivered	
31	Farmers National Company and Brian Tony Kirk co Trustees of the Monte Forrest Byers Trust	X	X			delivered	
32	Alton C. White, Jr					in transit	published 3/21/19
33	Muirfield Resources Company	X	X			delivered	
34	Silverado Oil and Gas, LLP	X	X			delivered	
35	Waikiki Partners, LP	X	X			delivered	
36	Live Oak Mineral Partners	X	X			delivered	
37	Devon Production Company, LP	X	X			delivered	
38	Clifford N. Hair, Jr	x	x			delivered	
39	Cimarex Energy Co.	X	X			delivered	

Status of Wishbone Case 20406 Mineral interest and Operator Mailing: **International**

Recipient	Delivered	Receipt	Returned	Tracking Link/ Status	Publish date:
Christopher L. Doran Stranhope Street. Mt. Gravatt. 40 Queensland, 4122 Australia	15			not currently trackable, in transit.	3/21/2019

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
March 21, 2019
and ending with the issue dated
March 21, 2019.



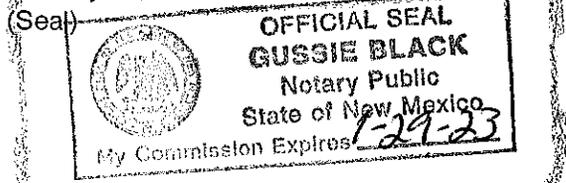
Publisher

Sworn and subscribed to before me this
21st day of March 2019.



Business Manager

My commission expires
January 29, 2023



This newspaper is duly qualified to publish
notices or advertisements within the
meaning of Section 3, Chapter 167, Laws of
1937 and payment of fees for said

LEGAL

LEGAL

LEGAL NOTICE
MARCH 21, 2019

STATE OF NEW MEXICO
ENERGY MINERALS AND NATURAL RESOURCES
DEPARTMENT
OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 a.m. on April 4, 2019 in the Oil Conservation Division's Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner, duly appointed for the hearing. OCD Rule Subsection B of 19.15.4.13 NMAC requires parties who intend to present evidence at an adjudicatory hearing to file a pre-hearing statement no later than the Thursday before the hearing and serve a copy on opposing counsel of record. If the OCD does not receive a pre-hearing statement from the applicant by the close of business on the Thursday before the hearing, the hearing may be continued.

STATE OF NEW MEXICO TO:

All named parties and persons having any right, title interest or claim in the following cases and notice to the public (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated)

TO: Resolute Natural Resources, Occidental Oil and Gas Corporation, Karl Mark Dunlap, Christopher L. Doran, Edwin Kim Dunlap, Margaret D. Barklind, John David Dunlap, Herd Partners Ltd., Steven C. Barnes, Laurie B. Barr, Shirley B. Wynn, Wells Fargo Bank, N.A., Trustee for the Lois Mae Wallace Revocable Trust "A", Alton C. White, Jr., Muirfield Resources Company, Silverado Oil and Gas, LLP, Walkiki Partners, LP, Live Oak Mineral Partners, Devon Production Company, LP, Clifford N. Hair, Jr., Cimarex Energy Co.

Case No. 20406: Application of Wishbone Texas Operating Company, LLC for Reinstatement of Injection Well Permits to Enhance Oil Recovery in Denton Devonian Waterflood Project, Lea County, New Mexico. Applicant in the above-styled cause seeks an order reinstating injection well permits for the wells described below to enhance oil recovery in the Denton Devonian Waterflood Project Area comprising the S/2SW/4 of Section 25 and the NW/4 and W/2NE/4 of Section 36, both in Township 14 South, Range 37 East, Denton-Devonian Pool, Lea County, New Mexico:

T. D. Pope 36 Well No. 10, located 350' FNL and 990 FWL, in Unit D, Section 36, T. 14 S., R. 37 E., Injection Interval: 12,227' to 12,504'

W. T. Mann A Well No. 2, located 660' FNL and 2310' FWL, in Unit B, Section 36, T. 14 S., R. 37 E., Injection Interval: 12,760' to 12,900'

Produced water from the Denton-Devonian Pool will be injected into the wells at a maximum rate of 20,000 bwpd per well. The initial surface injection pressure for each well is anticipated to be approximately 2500 psi. Additional information can be obtained by contacting H. Craig Clark at +1 (832-807-2207) or hcclark@wishboneop.com. The wells are located approximately 14 miles northeast from Lovington, New Mexico.
#33927

67112105

00226152

**Application of Wishbone Texas Operating
Company, LLC
Case No. 20406
Affidavit of Publication EXHIBIT #6**

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: XXX Secondary Recovery _____ Pressure Maintenance _____ Disposal _____ Storage _____
Application qualifies for administrative approval? _____ Yes XXX No
- II. OPERATOR: WISHBONE TEXAS OPERATING COMPANY, LLC OGRID 370256
ADDRESS: 10613 W. SAM HOSUTON PKWY., SUITE 400, HOUSTON TX 77064
CONTACT PARTY: BRIAN WOOD (PERMITS WEST, INC.) PHONE: 505 466-8120
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? _____ Yes XXX No R-13387, R-13387-A
If yes, give the Division order number authorizing the project: _____
expired due to inactivity
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail. T D Pope 36 #10
- VII. Attach data on the proposed operation, including: W T Mann A #2
- Proposed average and maximum daily rate and volume of fluids to be injected;
 - Whether the system is open or closed;
 - Proposed average and maximum injection pressure;
 - Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and;
 - If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: BRIAN WOOD

TITLE: CONSULTANT

SIGNATURE: _____

DATE: NOV. 2, 2018

E-MAIL ADDRESS: brian@permitswest.com

* If the information required under Sections VI, VIII, X, and XI above has been submitted previously, please show the date and circumstances of the earlier submittal: _____

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the approval agency.

**Application of Wishbone Texas Operating
Company, LLC
Case No. 20406
C-108 EXHIBIT #7**

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

OPERATOR: WISHBONE TEXAS OPERATING COMPANY, LLC

WELL NAME & NUMBER: T D POPE 36 #10

WELL LOCATION: 350' FNL & 990' FWL D 36 14 S 37 E
 FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC

SEE FOLLOWING PAGE FOR
 "AS COMPLETED" DIAGRAM.

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 17.25" Casing Size: 13.375" @ 335'
 Cemented with: 445 sx. *or* _____ ft³
 Top of Cement: SURFACE Method Determined: CIRC. 15 SX

Intermediate Casing

Hole Size: 12.25" Casing Size: 9.625" @ 4790'
 Cemented with: 1,855 sx. *or* _____ ft³
 Top of Cement: SURFACE Method Determined: CIRC. 706 SX

Production Casing

Hole Size: 8.75" Casing Size: 7" @ 12,185'
 Cemented with: 1,030 sx. *or* _____ ft³
 Top of Cement: 9250' Method Determined: CBL
 Total Depth: 12,760' (hole)

Injection Interval

12,227' feet to 12,504'

LINER: 12038' - 12759'
 HOLE: 6.125" LINER:
 4.5"
 CEMENTED WITH: 92 SX

(Perforated or Open Hole; indicate which)
 ■■■■■■■■■■

T. D. Pope "36" # 10 - 350' FNL & 990' FWL of Sec. 36, T-14S, R-37E, Unit Letter "D"

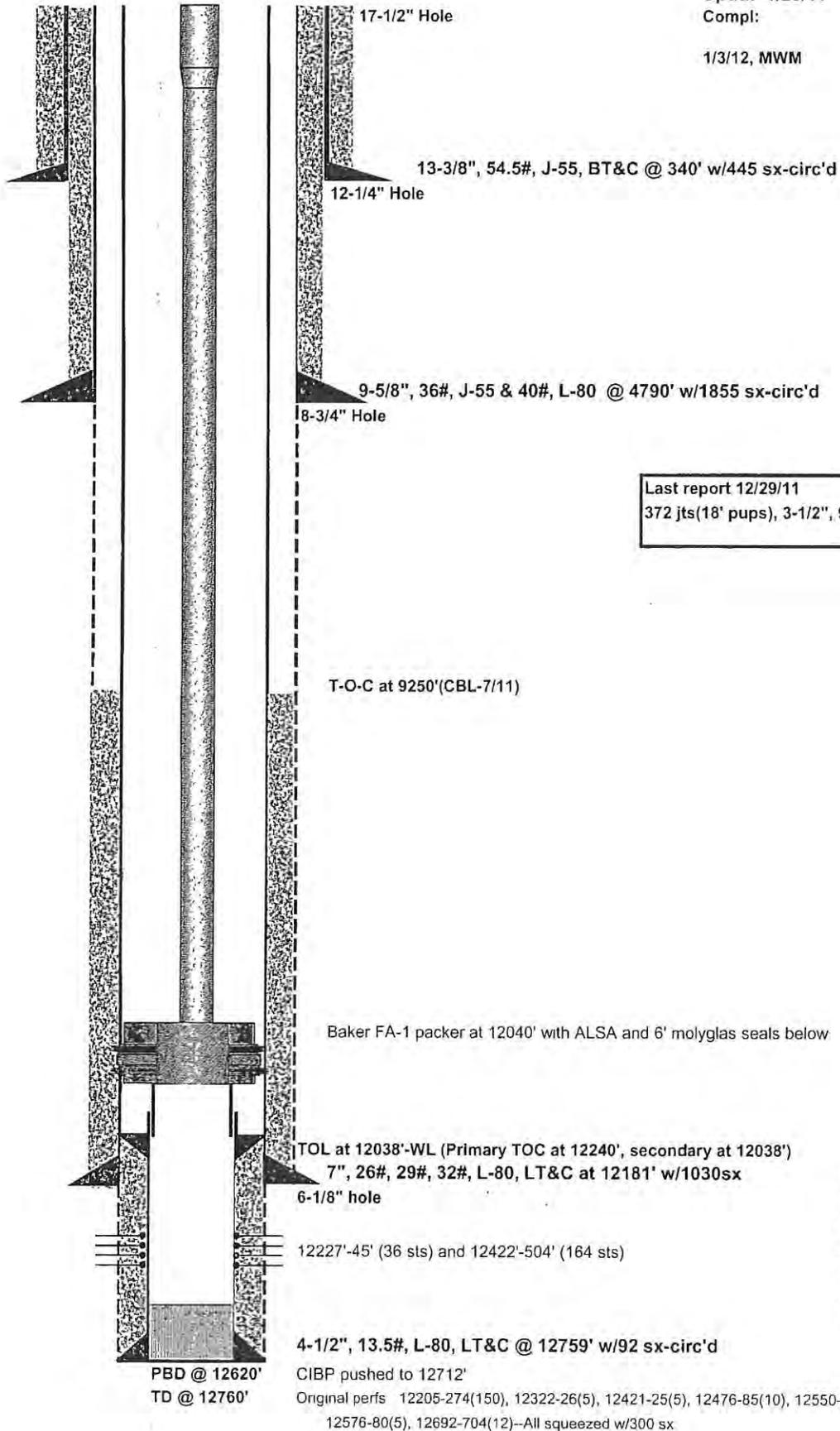
API # 30-025-39999

ELEV: 3805' GL

Spud: 1/26/11

Compl:

1/3/12, MWM



7" "as run":
29#, surface - 1594'
26#, 1594' - 8029'
29#, 8029' - 9046'
32#, 9046' - 9555'
29#, 9555' - 12040'

INJECTION WELL DATA SHEET

Tubing Size: 3.5" L-80 9.3# Lining Material: INTERNAL PLASTIC COAT

Type of Packer: BAKER FA-1 WITH ALSA & 6' MOLYGLASS SEALS BELOW

Packer Setting Depth: 12040'

Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? _____ Yes XXX No

If no, for what purpose was the well originally drilled? _____

EXISTING WELL DRILLED AS AN INJECTOR IN 2011

2. Name of the Injection Formation: DEVONIAN

3. Name of Field or Pool (if applicable): DENTON; DEVONIAN (16910)

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. _____

NO

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: _____

OVER: WOLFCAMP (9459')

UNDER: NONE IN AREA OF REVIEW

INJECTION WELL DATA SHEET

OPERATOR: WISHBONE TEXAS OPERATING COMPANY, LLC

WELL NAME & NUMBER: W T MANN A #2

WELL LOCATION: <u>660' FNL & 2310' FEL</u>	<u>B</u>	<u>36</u>	<u>14 S</u>	<u>37 E</u>
FOOTAGE LOCATION	UNIT LETTER	SECTION	TOWNSHIP	RANGE

WELLBORE SCHEMATIC

SEE FOLLOWING PAGE FOR
"AS COMPLETED" DIAGRAM.

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 17.25" Casing Size: 13.375" @ 320'
 Cemented with: 375 sx. or _____ ft³
 Top of Cement: SURFACE Method Determined: CIRC.

Intermediate Casing

Hole Size: 12.25" Casing Size: 9.625" @ 4788'
 Cemented with: 2,400 sx. or _____ ft³
 Top of Cement: 1,310' Method Determined: TEMP. SURV.

Production Casing

Hole Size: 8.75" Casing Size: 7" @ 12,629'
 Cemented with: 600 sx. or _____ ft³
 Top of Cement: 11175' Method Determined: CBL
 Total Depth: 12,980' (hole)

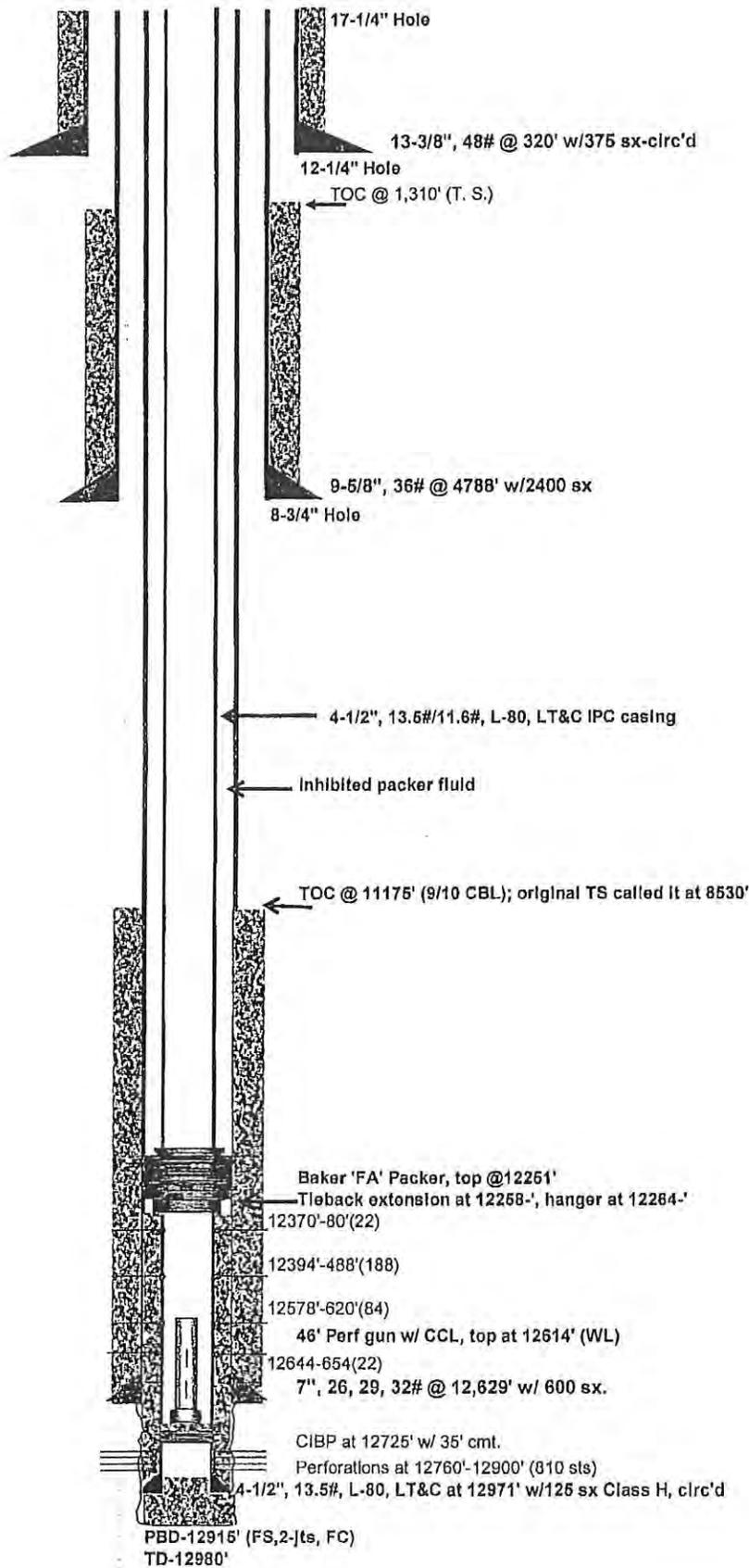
LINER: 12038' - 12759'
 HOLE: 8.75" LINER: 4.5"
 CEMENTED WITH: 125 SX
 TOC: 12300' (TOL)

Injection Interval

12,760' feet to 12,900'

(Perforated or Open Hole; indicate which)
 ■■■■■■■■■■

W. T. Mann "A" # 2 660' FNL & 2310' FEL of Sec. 36, T14S, R37E, Unit Letter "B"



Spud: 6/7/54
 Compl: 9/15/54
 Elev: 3801'
 API # 30-025-05204

7/16/2011

Anhy @ 2138'
 T-salt @ 2240'
 B-salt @ 3010'
 Yates @ 3160'
 San Andres @ 4688'
 Glorieta @ 6194'
 Tubbs @ 7334'
 Abo @ 8042'
 Wolfcamp @ 9335'
 Miss @ 11493'
 Devonian @ 12371'

4-1/2" casing as run:
 surface-2479', 13.5#
 2479'-9476', 11.6#
 9476'-12251', 13.5#

7" casing-as run
 Surf-1026', 32#
 1026'-2022', 29#
 2022'-7994', 26#
 7994'-10602', 29#
 10602'-12629', 32#

INJECTION WELL DATA SHEET

Tubing Size: 4.5" L-80 13.5# Lining Material: INTERNAL PLASTIC COAT

Type of Packer: BAKER FA

Packer Setting Depth: 12251'

Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? _____ Yes XXX No

If no, for what purpose was the well originally drilled? _____

EXISTING WELL DRILLED AS A DEVONIAN OIL WELL IN 1954

2. Name of the Injection Formation: DEVONIAN

3. Name of Field or Pool (if applicable): DENTON; DEVONIAN (16910)

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. _____

NO

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: _____

OVER: WOLFCAMP (9335')

UNDER: NONE IN AREA OF REVIEW

- I. Purpose is to reactivate 2 shut-in water injection wells and increase oil recovery. Injection authority (R-13387, R-13387-A; Case 14612) expired due to more than a year of inactivity by the previous operator. Last injection was November 2013. The wells will inject into the Denton; Devonian oil pool (16910). The waterflood was approved and started in 2011. See Exhibit A for a map and C-102 forms. Well details are:

Well	API	Location	Injection Interval	TD	cumulative injection to date (bbl)
T D Pope 36 #10	30-025-39999	350 FNL & 990 FWL 36-14s-37e	12,227' - 12,504'	12,760'	364,248
W T Mann A #2	30-025-05204	660 FNL & 2310 FEL 36-14s-37e	12,370' - 12,900'	12980'	3,610,670

- II. Operator: Wishbone Texas Operating Company LLC (OGRID 370256)
Operator phone number: (832) 807-2200
Operator address: 10613 W. Sam Houston Pkwy., #400, Houston TX 77064
Contact for Application: Brian Wood (Permits West, Inc.)
Phone: (505) 466-8120

- III. A. (1) Both leases are fee leases. See Exhibit B map and the following table for more lease information.

Well	Lease	Acres in Lease	Distance to Closest Lease Line
T D Pope 36 #10	Pope	320	350'
W T Mann A #2	Mann	320	330'

A. (2) Casing and cement details are:

WELL	SPUD	TD	HOLE O. D.	CASING O. D.	CASING WEIGHT	SET @	CEMENT	TOC	HOW TOC DETERMINED
T D Pope 36 #10	1/26/11	12760'	17.5"	13.375"	61	0' - 335'	445 sx	GL	circ. 15 sx
			12.25"	9.625"	36 & 40	0' - 4790'	1855 sx	GL	circ. 706 sx
			8.75"	7"	26, 29, & 32	0' - 12185'	1030 sx	9250'	CBL
			6.125"	4.5"	13.5	12040' - 12759'	92 sx	12040'	TOL
W T Mann A #2	6/7/54	12980'	17.25"	13.375"	48	0' - 320'	375 sx	GL	circ.
			12.25"	9.625"	36	0' - 4788'	2400 sx	1310'	Temp. Surv.
			8.75"	7"	26, 29, & 32	0' - 12629'	600 sx	11175'	CBL
			8.75"	4.5"	11.6 & 13.5	0' - 12971'	125 sx	12300'	TOL

A. (3) No change is planned in the existing tubing. Pope has 3.5", 9.3#, L-80, IPC tubing set at 12,040. Mann has 4.5", 13.5#, L-80, IPC tubing set at 12,251'.

A. (4) No change is planned in the existing packers. Pope has a Baker FA-1 packer with ALSA and 6' molyglass seals below set at 12,040'. (Top of injection interval is 12,227'.) Mann has a Baker FA packer set at 12,251'. (Top of injection interval is 12,370').

B. (1) Injection formation will be the Denton; Devonian Pool (16910). There are currently 2 injection wells and 51 oil wells in that pool.

B. (2) Injection interval will be the Devonian. Devonian ranges in depth from 12,201' to \geq 12,760' in the Pope well and 12,371' to \geq 12,630' in the Mann well. Both wells are cased holes. See attached C-108 well profiles for more perforation information.

B. (3) Both wells have been drilled. They initially operated as oil wells before being converted to water injection wells in 2011. (Mann was approved as a SWD (-1257) in December 2010, but never used as a SWD well.) Both will be reactivated as water injection wells after approval.

B. (4) The Devonian is the only perforated zone in each well.

Pope now has open perforations from 12,227 to 12,245' and 12,422' to 12,504'. Proposed injection interval will be 12,227' - 12,504'. Pope has squeezed (total 300 sx) perforations above and below the open perforations. Perforation range in Pope is 12,205' - 12,704'. Mann now has open perforations from 12,370' to 12,900'.

Mann now has open perforations in 5 intervals (12,370' - 12,380'; 12,394' - 12,488'; 12,578' - 12,620'; 12,644' - 12,654'; and 12,760' - 12,900'). Proposed injection interval will be 12,370' - 12,900'. Two squeeze jobs were previously conducted in this range. Mann has 485 sacks squeezed into 12,416' - 12,533' and 400 sacks squeezed into 12,417' - 12,432' and 12,588' - 12,620'.

B. (5) Wolfcamp is the only producing zone above the Devonian within a 1-mile radius. No lower producing zone is within a mile.

IV. This is not a horizontal or vertical expansion of an existing injection project. It is the reactivation of an expired (due to inactivity) project. Orders R-13387 and R-13387-A cover the Devonian water flood and both wells.

V. Exhibit C shows and tabulates all 29 existing wells within a half-mile radius, regardless of depth. Sixteen of the wells are oil wells, nine are P&A, and 4 are injectors. Twenty of the 29 wells penetrated the Devonian. Exhibit D shows all 235 existing wells (118 P&A + 101 producers + 16 injectors or SWD) within a two-mile radius, regardless of depth.

Exhibit E shows all leases (only fee) within a half-mile radius of each well. Details on the leases (all fee) within a half-mile are:

Area - Pope	Lease or Lessee	Well Operator	Zone
W2SE4 25-14s-37e	Occidental	none	N/A
NESW & SWSW 25-14s-37e	DNWU	Stephens & Johnson	Wolfcamp
SESW 25-14s-37e	Buckley	Harvard	Wolfcamp
SW4 25-14s-37e	Buckley A	Wishbone	Devonian
E2SE4 & SWSE 26-14s-37e	T D Pope 26	Wishbone	Devonian
N2NE4, SWNE, NESE 35-14s-37e	DNWU	Stephens & Johnson	Wolfcamp
NE4 & NESE 35-14s-37e	T D Pope 35	Wishbone	Devonian
NWNE, NENW, NWSE, & NWSW 36-14s-37e	DNWU	Stephens & Johnson	Wolfcamp
NW4 & N2SW4 36-14s-37e	T D Pope 36	Wishbone	Devonian
W2NE4 36-14s-37e	Mann	Wishbone	Devonian
Area - Mann	Lease	Well Operator	Zone
NESW & SWSW 25-14s-37e	DNWU	Stephens & Johnson	Wolfcamp
SESW 25-14s-37e	Buckley	Harvard	Wolfcamp
SE4 25-14s-37e		none	
SW4 25-14s-37e	Buckley A	Wishbone	Devonian
NWNE, NENW, NWSE, & NWSW 36-14s-37e	DNWU	Stephens & Johnson	Wolfcamp
NW4 & N2SW4 36-14s-37e	T D Pope 36	Wishbone	Devonian
NE4 & N2SE4 36-14s-37e	Mann	Wishbone	Devonian
SWSW 30-14s-38e	Well Fargo et al	none	N/A
W2NW4 31-14s-38e	McCrary et al	none	N/A

Exhibit F shows all lessors (BLM, fee, and State) within a two-mile radius.

VI. Twenty-nine wells are within the half-mile radii and 20 penetrated the Devonian. Tables abstracting the well construction details and histories of the penetrators are in Exhibit G. Diagrams illustrating the six P & A penetrators are in Exhibit H. Diagrams are sequenced by API number.

- VII. 1. Average injection rate will be \approx 10,000 bwpd per well. Maximum injection rate will be 20,000 bwpd per well.
2. System will be closed. Wells are tied into the existing pipeline system.
3. Average injection pressure will be 2000 psi. Maximum injection pressures:

Well	Injection Interval	Maximum injection pressure
Pope	12,227' – 12,504'	2445 psi
Mann	12,370' – 12,900''	2474 psi

4. Injected water will be mainly produced Devonian water. Of Wishbone's 49 wells, 42 are Devonian.

5. Injection will be in a zone productive of oil and gas within a mile. In fact, there are 13 Devonian producers (all Wishbone) within a half-mile. Abstracts from Go-Tech samples in 14s-37e are in Exhibit I.

VIII. The Devonian is dolomite and limestone. Log cross-sections are in Exhibit J. There are currently 11 Devonian injection wells and 233 Devonian saltwater disposal wells in New Mexico. Formation tops follow on the next page.

Formation	T D Pope 36 #10	W T Mann A #2
Anhydrite	2140	2138
Salt - top	2226	2240
Salt - base	3025	3010
Yates	3135	3160
Seven Rivers	3378	3304
Queen	3940	4150
San Andres	4640	4688
Glorieta	6168	6194
Tubb	7307	7334
Abo	8000	8042
Wolfcamp	9459	9335
Mississippian	11299	11493
Devonian	12201	12371

Over one hundred water wells are within two miles according to Office of the State Engineer records (Exhibit K). Deepest of the hundred plus water wells is 320'. No existing underground drinking water sources are below the Devonian within a mile radius.

There will be >2,000' of vertical separation, anhydrite, gypsum, and salt between the bottom of the only likely underground water source (Quaternary) and the top of the Devonian.

- IX. The wells will be stimulated with acid as needed to clean out scale or fill.

- X. CBL, GR, CNL/CCL logs were run in the Pope. No logs are available for the Mann well.

- XI. Dozens of fresh water wells are within a mile (Exhibit K). Two water wells on government land were sampled on September 27, 2018. Analyses are in Exhibit L.

XII. Wishbone Texas Operating Company LLC is not aware of any geologic or engineering data that may indicate the Devonian is in hydrologic connection with any underground sources of water (Exhibit M). Closest Quaternary fault is ≥ 123 miles west-southwest. To date, 3,974,918 barrels have been injected in the two wells. Pope and Mann are 2 of 11 Devonian injection wells in New Mexico. There are 233 Devonian SWD wells in New Mexico.

XIII. Surface owner at the T D Pope 36 #10 is Donna Johnson, 618 W. Avenue A, Lovington NM 88260. Surface owner at W T Mann A #2 is Resolute Natural Resources, 1700 Lincoln St., Suite 2800, Denver CO 80203. (Wishbone acquired both wells from Resolute.)

103.16667° W

103.15000° W

WGS84 103.13333° W

33.08533° N

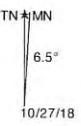
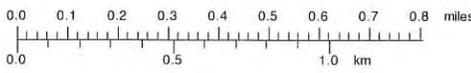
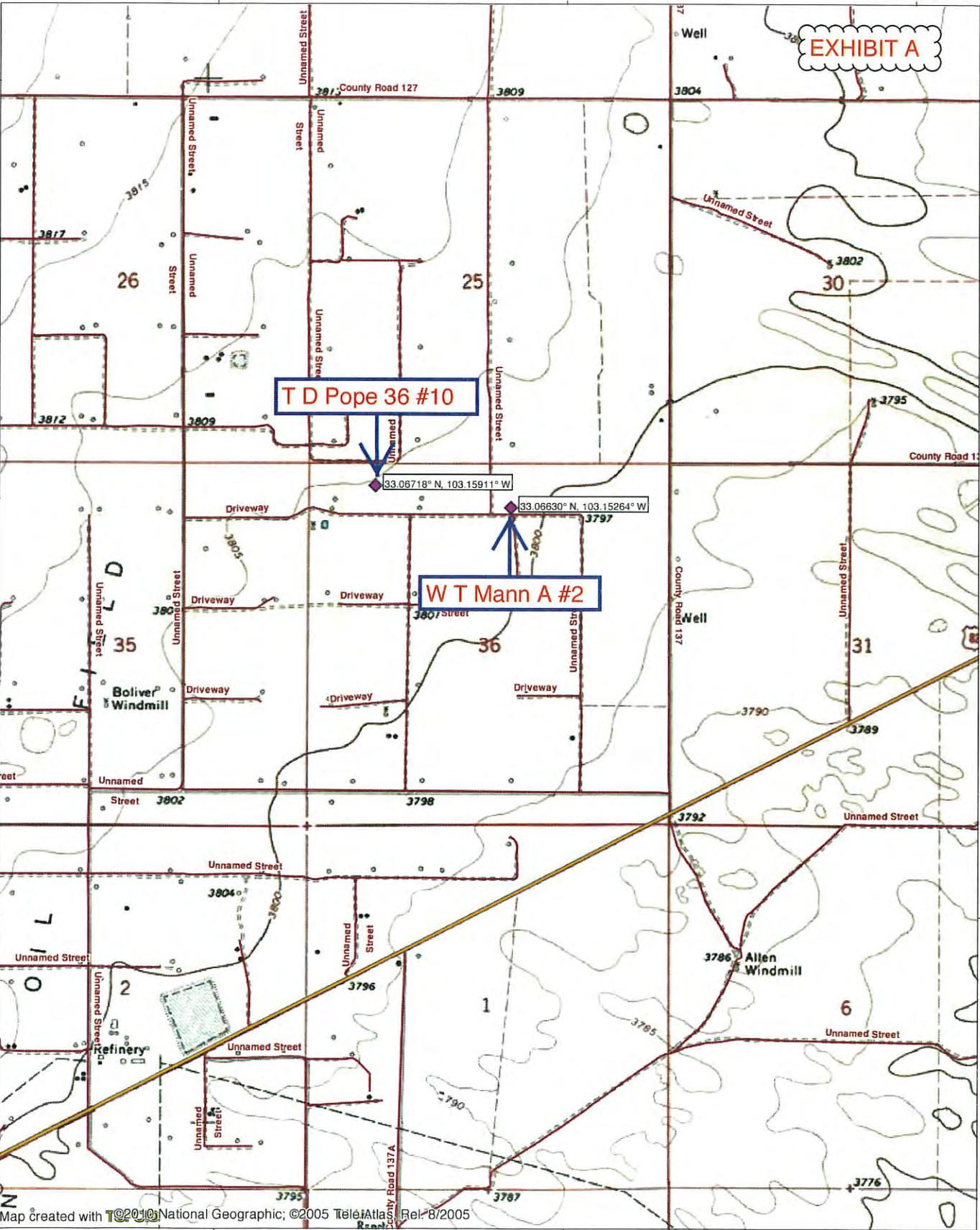
33.08533° N

33.06667° N

33.06667° N

33.05000° N

33.05000° N



DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

EXHIBIT A

Form C-102

DISTRICT II
1301 W. GRAND AVENUE, ARTESIA, NM 88210

RECEIVED

CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

DEC 20 2010

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505

HOBBSOCD

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number 30-025-39999	Pool Code 16910	Pool Name Denton; Devonian
Property Code 30608Lp	Property Name TD POPE 36	Well Number 10
OGRID No. 247128	Operator Name CELERO ENERGY II LP	Elevation 3805'

Surface Location

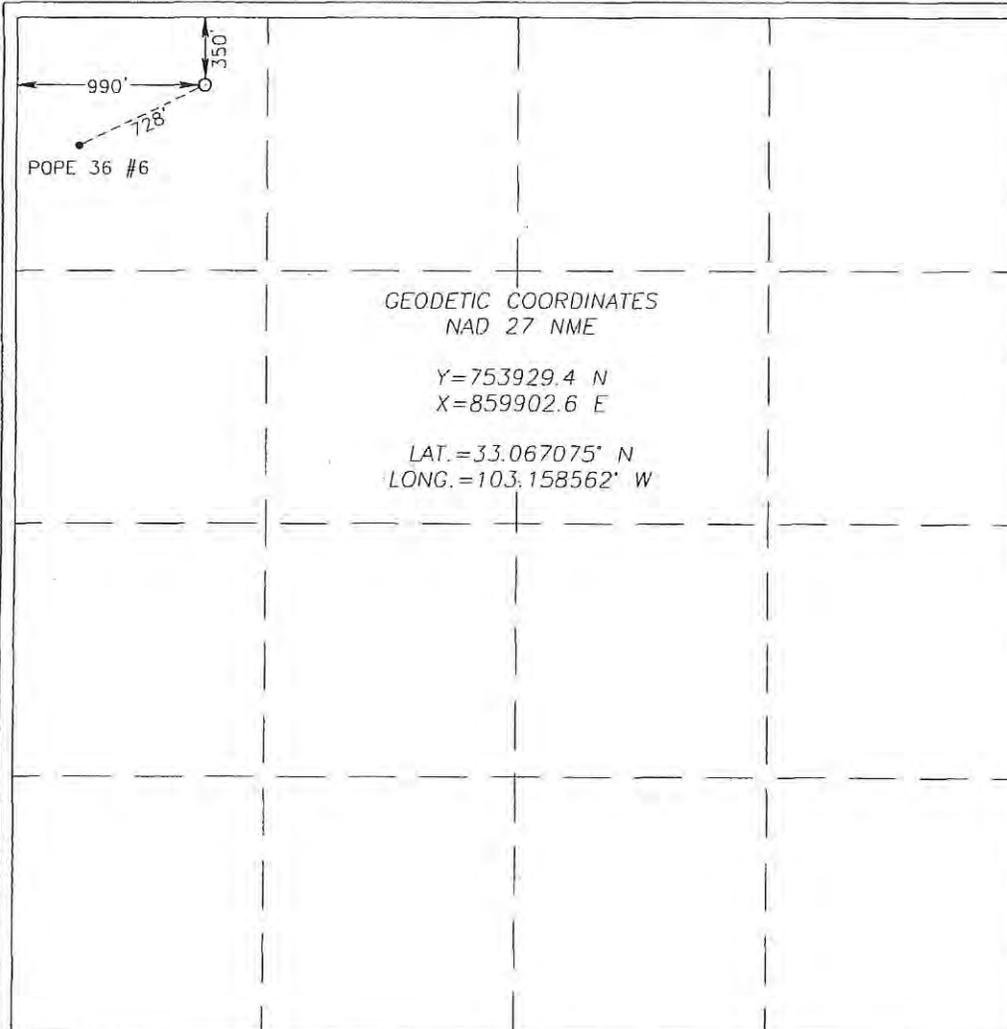
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	36	14-S	37-E		350	NORTH	990	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/EAST line	County

Dedicated Acres 40	Joint or Infill	Consolidation Code	Order No.
------------------------------	-----------------	--------------------	-----------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Lisa Hunt 12/16/10
Signature Date
Lisa Hunt
Printed Name

SURVEYOR CERTIFICATION

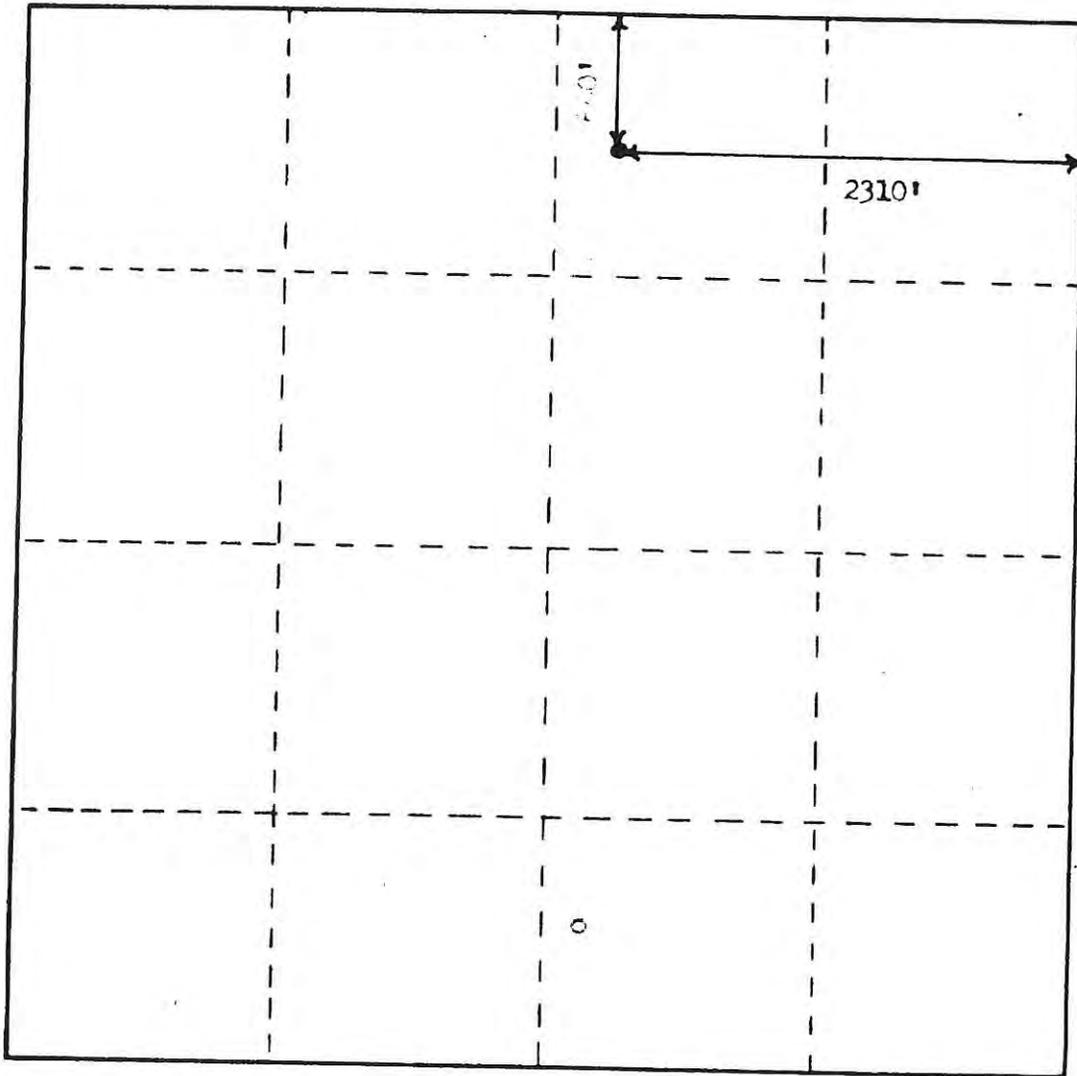
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

OCTOBER 14 2010
Date Surveyed
Signature & Seal of Professional Surveyor
RONALD J. EIDSON
3279
10.11.1529
Certificate No. **GARY EIDSON 12641**
RONALD J. EIDSON 3239

EXHIBIT A

WELL LOCATION SURVEY PLAT.

COMPANY Sinclair Oil & Gas Company
LEASE W. T. Mann
WELL NO. 2



SEC. 36 TWP. 14 S. RGE. 37 E. N.M.P.M.

I CERTIFY THAT THIS SURVEY WAS MADE UNDER MY DIRECTION, AND THAT THE PLAT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Glenn Staley
NEW MEXICO LICENSE NO. 423

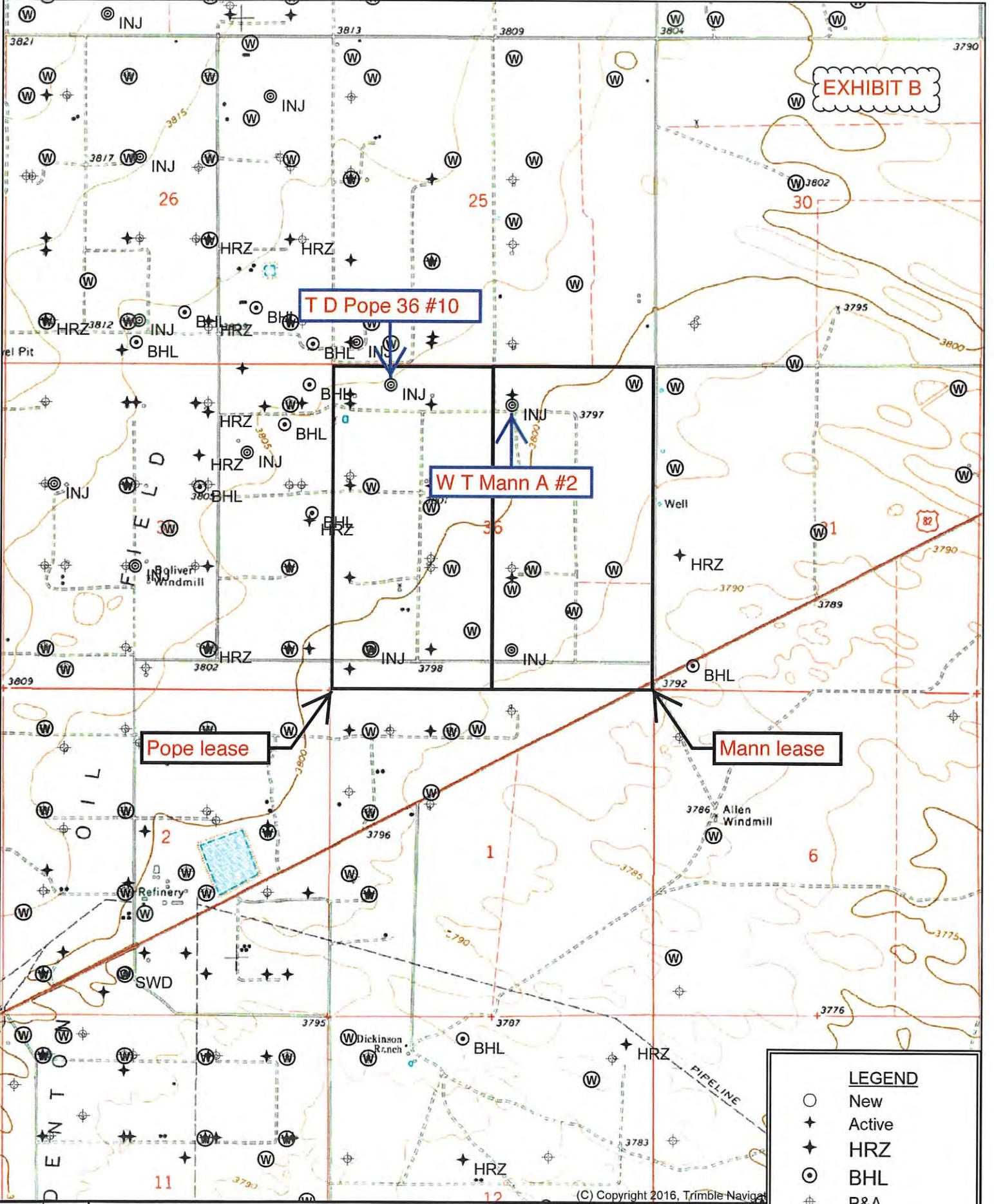


EXHIBIT B

T D Pope 36 #10

W T Mann A #2

Pope lease

Mann lease

LEGEND	
○	New
+	Active
✦	HRZ
⊙	BHL
⊕	P&A
⊗	INJ
⊘	SWD
⊙	Water

Quad: PRAIRIEVIEW
Scale: 1 inch = 2,000 ft.

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EXHIBIT C

T D Pope 36 #10

W T Mann A #2

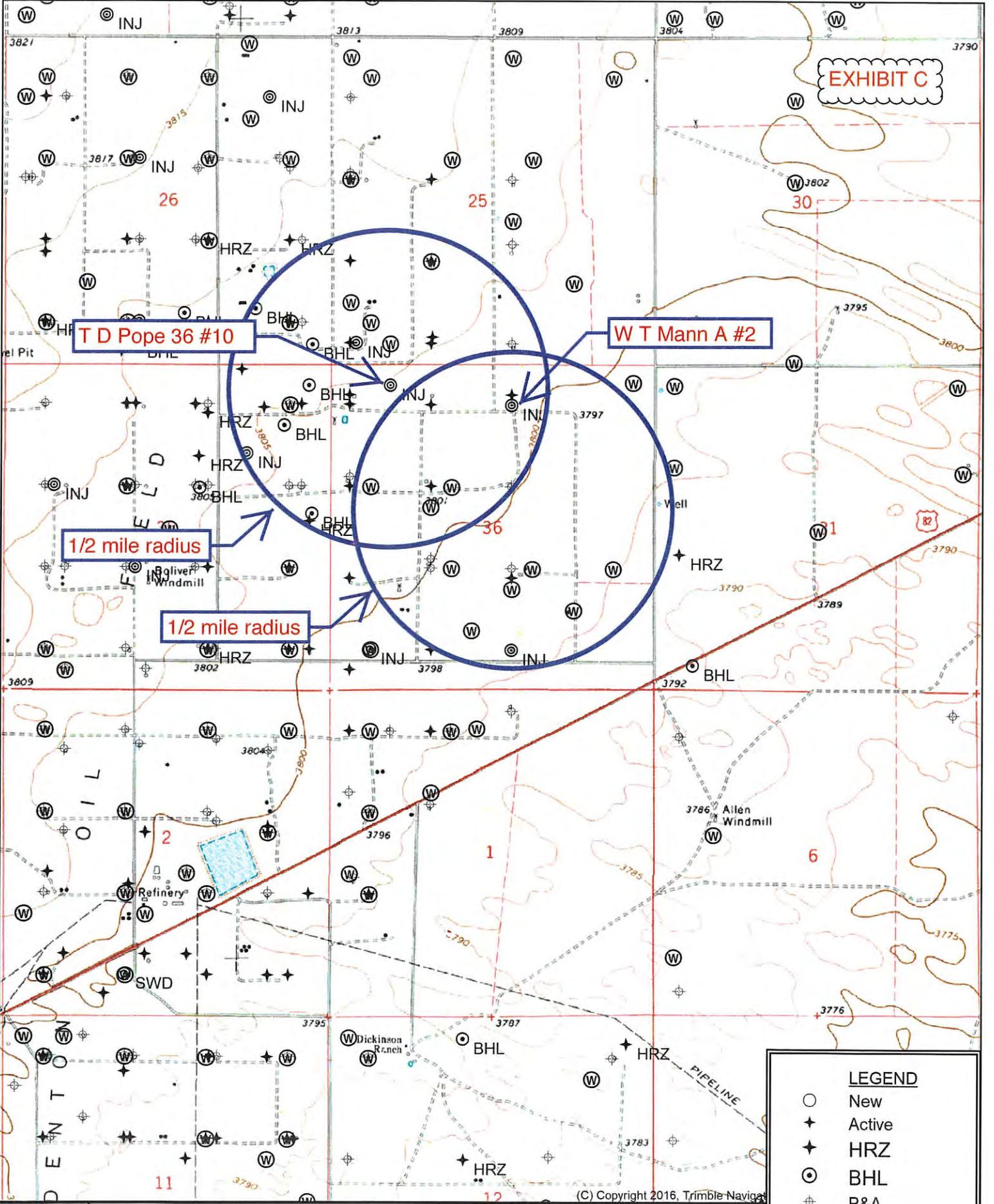
1/2 mile radius

1/2 mile radius

LEGEND	
○	New
+	Active
✦	HRZ
⊙	BHL
⊕	P&A
⊗	INJ
⊗	SWD
⊗	Water

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Quad: PRAIRIEVIEW
Scale: 1 inch = 2,000 ft.



SORTED BY DISTANCE FROM T D POPE 36 #10

API	OPERATOR	WELL	WELL TYPE	UNIT-SECTION-T14S-R37E	TVD	ZONE	FEET FROM T D POPE 36 #10
3002505219	Stephens & Johnson	Denton North Wolfcamp Unit 011	P&A	D-36	9400	Denton; Wolfcamp	677
3002505221	Stephens & Johnson	Denton North Wolfcamp Unit 013	O	C-36	9400	Denton; Wolfcamp	677
3002505214	Wishbone Texas	T D Pope 36 006	O	D-36	12601	Denton; Devonian	726
3002505217	Wishbone Texas	T D Pope 36 009	O	C-36	12644	Denton; Devonian	739
3002505120	Stephens & Johnson	Denton North Wolfcamp Unit 002	I	M-25	9350	Denton; Wolfcamp	881
3002505118	Wishbone Texas	Buckley A 001	O	M-25	12406	Denton; Devonian	948
3002505122	Wishbone Texas	Buckley A 004	O	N-25	12687	Denton; Devonian	949
3002505115	Harvard	Buckley 001	O	N-25	9460	Denton; Wolfcamp	1036
3002505200	Stephens & Johnson	Denton North Wolfcamp Unit 029	O	A-35	9350	Denton; Wolfcamp	1483
3002505218	Mobil TX & NM	Denton North Wolfcamp 010	P&A	E-36	9370	Denton; Wolfcamp	1618
3002505195	Celero Energy II	Pope 35 021	P&A	A-35	12635	Denton; Devonian	1680
3002505213	Wishbone Texas	T D Pope 36 005	O	E-36	12970	Denton; Devonian	1756
3002505216	Wishbone Texas	T D Pope 36 008	O	F-36	12745	Denton; Devonian	1768
3002505153	Mobil TX & NM	Denton North Wolfcamp 024	P&A	P-26	9390	Denton; Wolfcamp	1773
3002505145	Wishbone Texas	T D Pope 26 010	O	P-26	12637	Denton; Devonian	1941
3002505206	Stephens & Johnson	Denton North Wolfcamp Unit 005	O	B-36	9500	Denton; Wolfcamp	1978
3002505204	Wishbone Texas	W T Mann A 002	I	B-36	12630	Denton; Devonian	1998
3002540033	Wishbone Texas	T D Pope 35 034	O	A-35	12917	Denton; Devonian	2036
3002505116	Mobil	Denton North Wolfcamp 001	P&A	O-25	12669	Denton; Devonian	2081
3002505123	Stephens & Johnson	Denton North Wolfcamp Unit 005	O	K-25	12600	Denton; Wolfcamp	2103

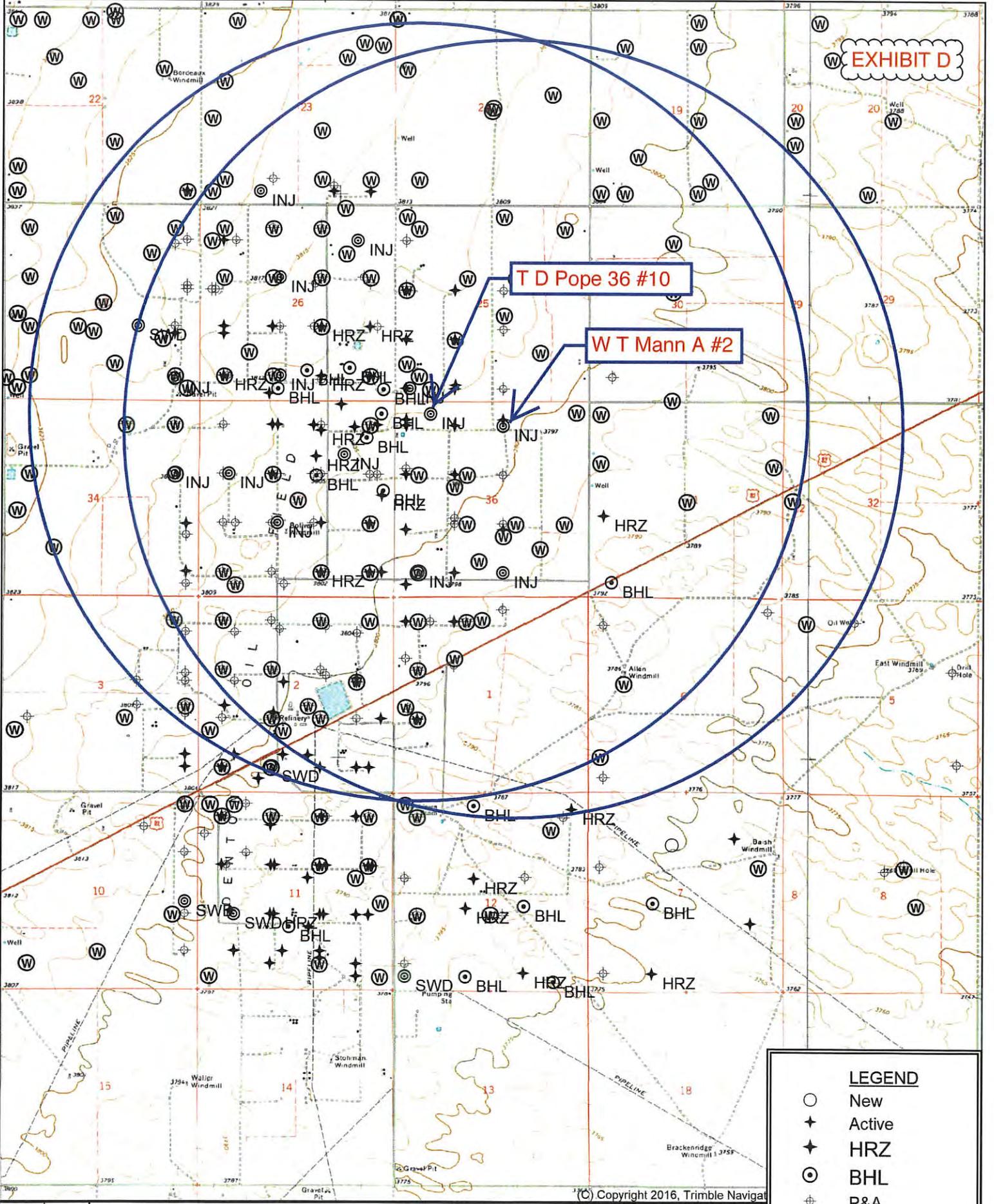
SORTED BY DISTANCE FROM T D POPE 36 #10

3002505121	Wishbone Texas	Buckley A 003	O	L-25	12706	Denton; Devonian	2108
3002505201	Stephens & Johnson	Denton North Wolfcamp Unit 030	P&A	H-35	9370	Denton; Wolfcamp	2178
3002505197	S & J	T D Pope 023	P&A	H-35	12630	Denton; Devonian	2316
3002532918	Stephens & Johnson	Denton North Wolfcamp Unit 632	O	B-35	12550	Denton; Wolfcamp	2441
3002537032	Wishbone Texas	T D Pope 35 002H	O	H-35	12647	Denton; Devonian	2561
3002505205	Mobil TX & NM	Denton North Wolfcamp 003	P&A	G-36	12642	Denton; Devonian	2567
3002533090	Stephens & Johnson	Denton North Wolfcamp Unit 633	I	G-35	13160	Denton; Devonian	2587
3002505155	Stephens & Johnson	Denton North Wolfcamp Unit 028	P&A	I-26	9446	Denton; Wolfcamp	2751

SORTED BY DISTANCE FROM W T MANN A 2

API	OPERATOR	WELL	WELL TYPE	UNIT-SECTION-T14S-R37E	TVD	ZONE	FEET FROM W T MANN A 2
3002505206	Stephens & Johnson	Denton North Wolfcamp Unit 005	O	B-36	9500	Denton; Wolfcamp	163
3002505116	Mobil	Denton North Wolfcamp 001	P&A	O-25	12669	Denton; Devonian	988
3002505217	Wishbone TX	T D Pope 36 009	O	C-36	12644	Denton; Devonian	1313
3002505205	Mobil TX & NM	Denton North Wolfcamp 003	P&A	G-36	12642	Denton; Devonian	1322
3002505122	Wishbone TX	Buckley A 004	O	N-25	12687	Denton; Devonian	1648
3002505115	Harvard	Buckley 001	O	N-25	9460	Denton; Wolfcamp	1695
3002505216	Wishbone TX	T D Pope 36 008	O	F-36	12745	Denton; Devonian	1858
3002539999	Wishbone TX	T D Pope 36 010	I	D-36	12760	Denton; Devonian	1938
3002505117	Mobil	Denton North Wolfcamp 002	P&A	J-25	12741	Denton; Devonian	2588
3002505214	Wishbone TX	T D Pope 36 006	O	D-36	12601	Denton; Devonian	2640
3002505207	Resolute	W T Mann B 004	P&A	J-36	12630	Denton; Devonian	2642
3002505219	Stephens & Johnson	Denton North Wolfcamp Unit 011	P&A	D-36	9400	Denton; Wolfcamp	2645
3002505221	Stephens & Johnson	Denton North Wolfcamp Unit 013	O	C-36	9400	Denton; Wolfcamp	2645

EXHIBIT D



LEGEND	
○	New
+	Active
✦	HRZ
⊙	BHL
⊕	P&A
⊗	INJ
⊘	SWD
⊚	Water

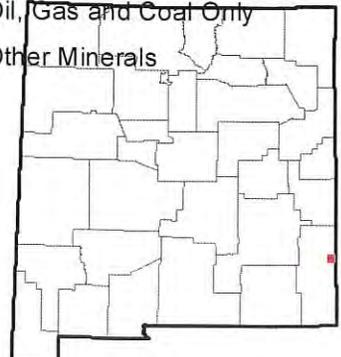
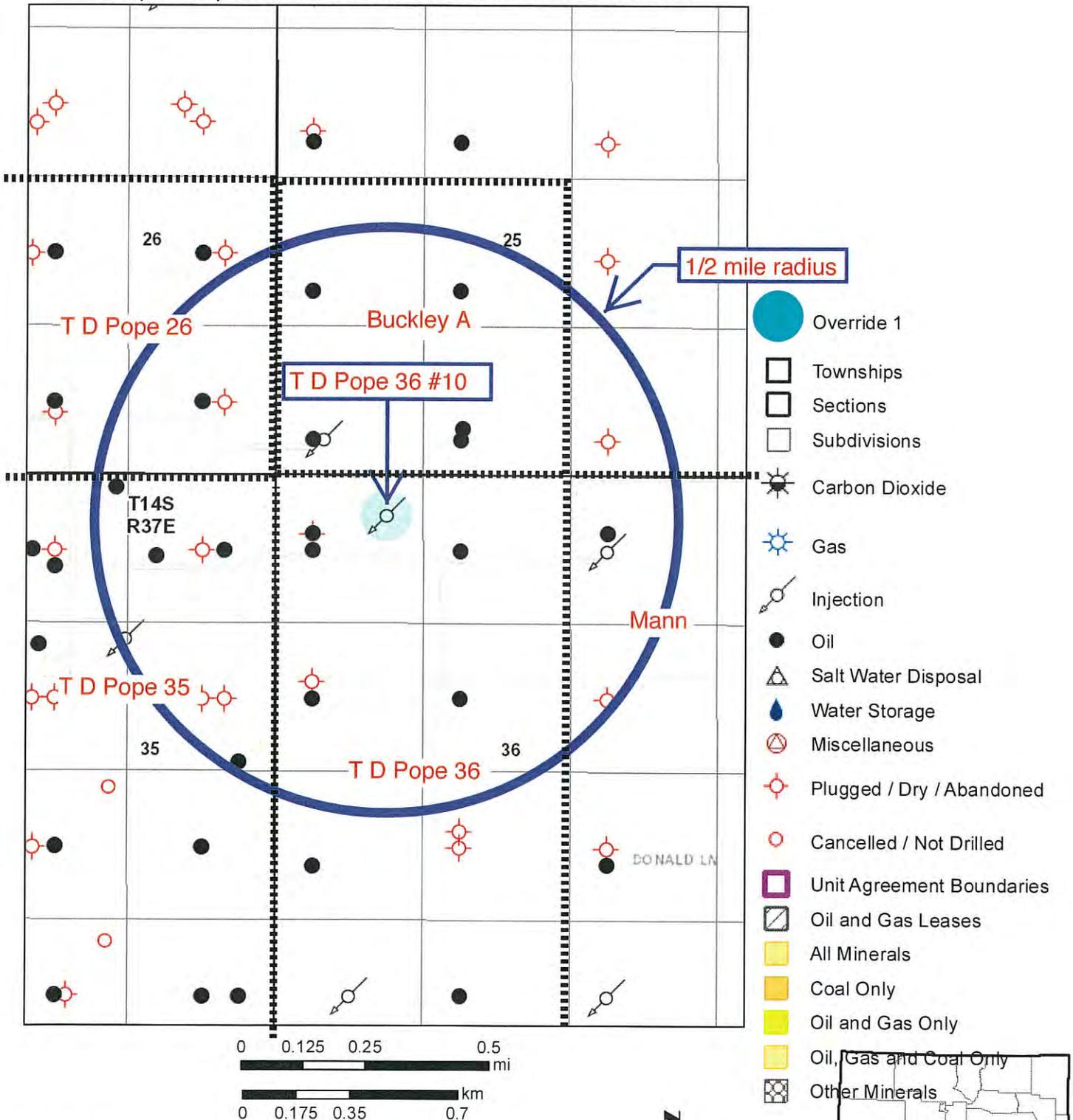


Quad: TATUM
Scale: 1 inch = 3,333 ft.

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Oil, Gas, and Minerals Leases and Wells

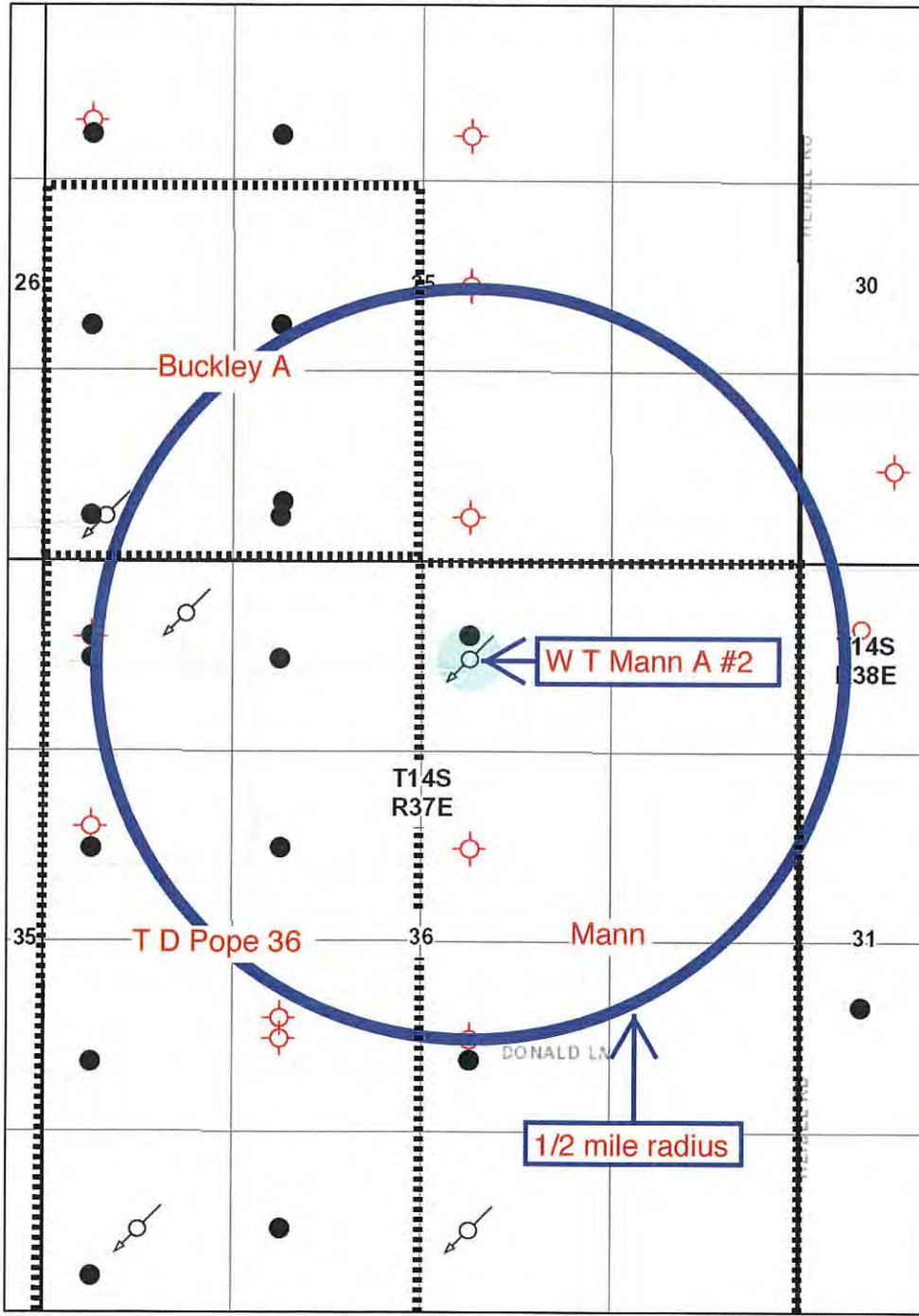


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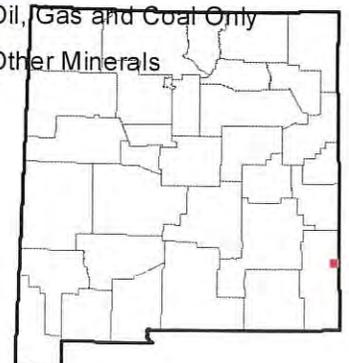


Oil, Gas, and Minerals Leases and Wells



Legend

- Override 1
- Townships
- Sections
- Subdivisions
- Carbon Dioxide
- Gas
- Injection
- Oil
- Salt Water Disposal
- Water Storage
- Miscellaneous
- Plugged / Dry / Abandoned
- Cancelled / Not Drilled
- Unit Agreement Boundaries
- Oil and Gas Leases
- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals

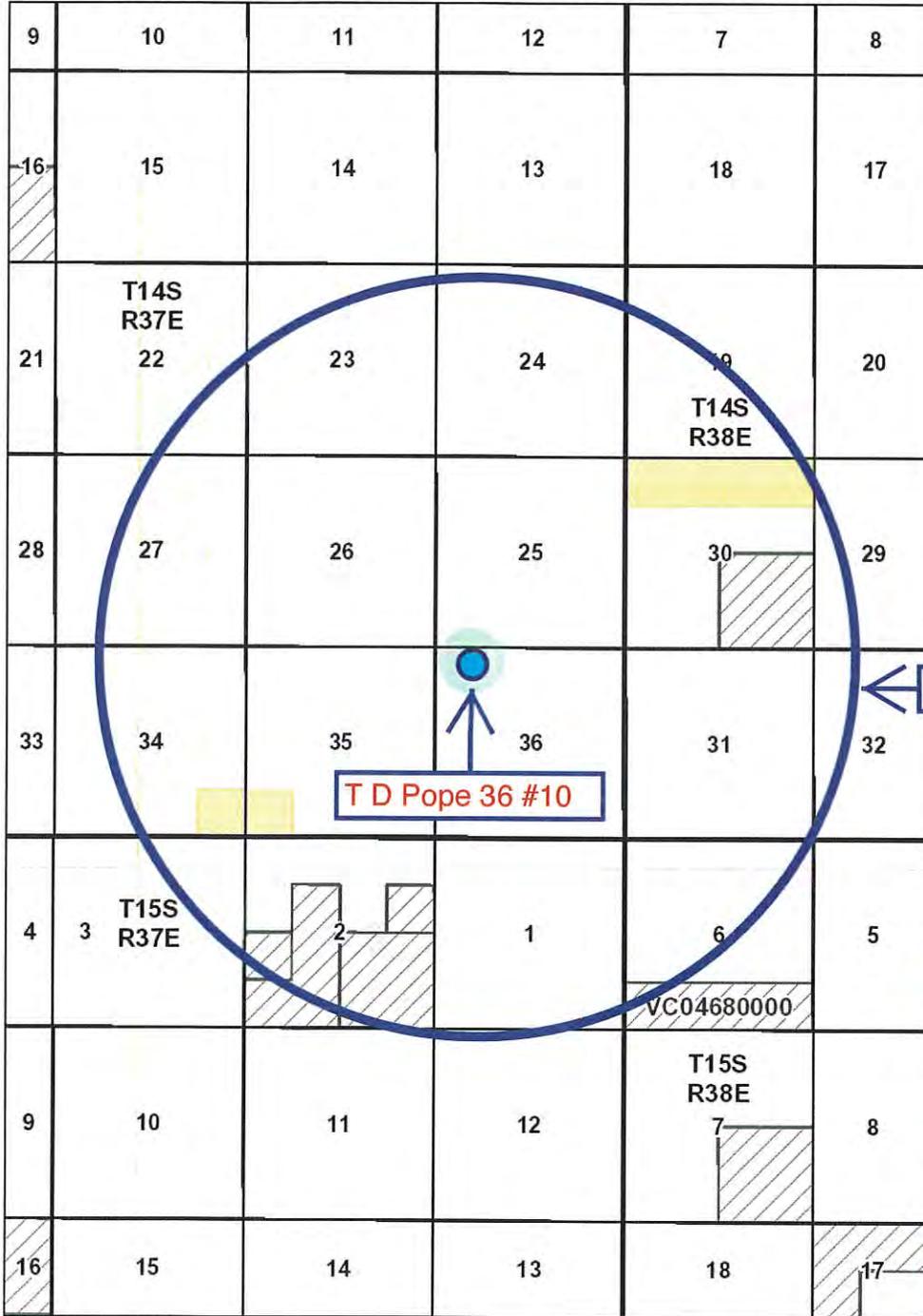


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Oil, Gas, and Minerals Leases and Wells

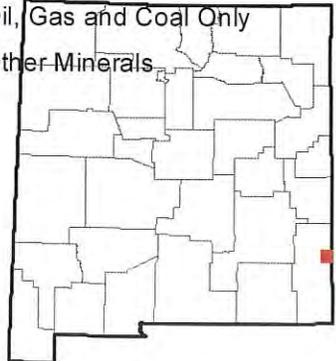
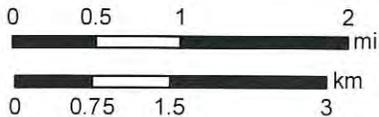


2 mile radius

T D Pope 36 #10

Legend

- Override 1
- Townships
- Sections
- Unit Agreement Boundaries
- Oil and Gas Leases
- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals

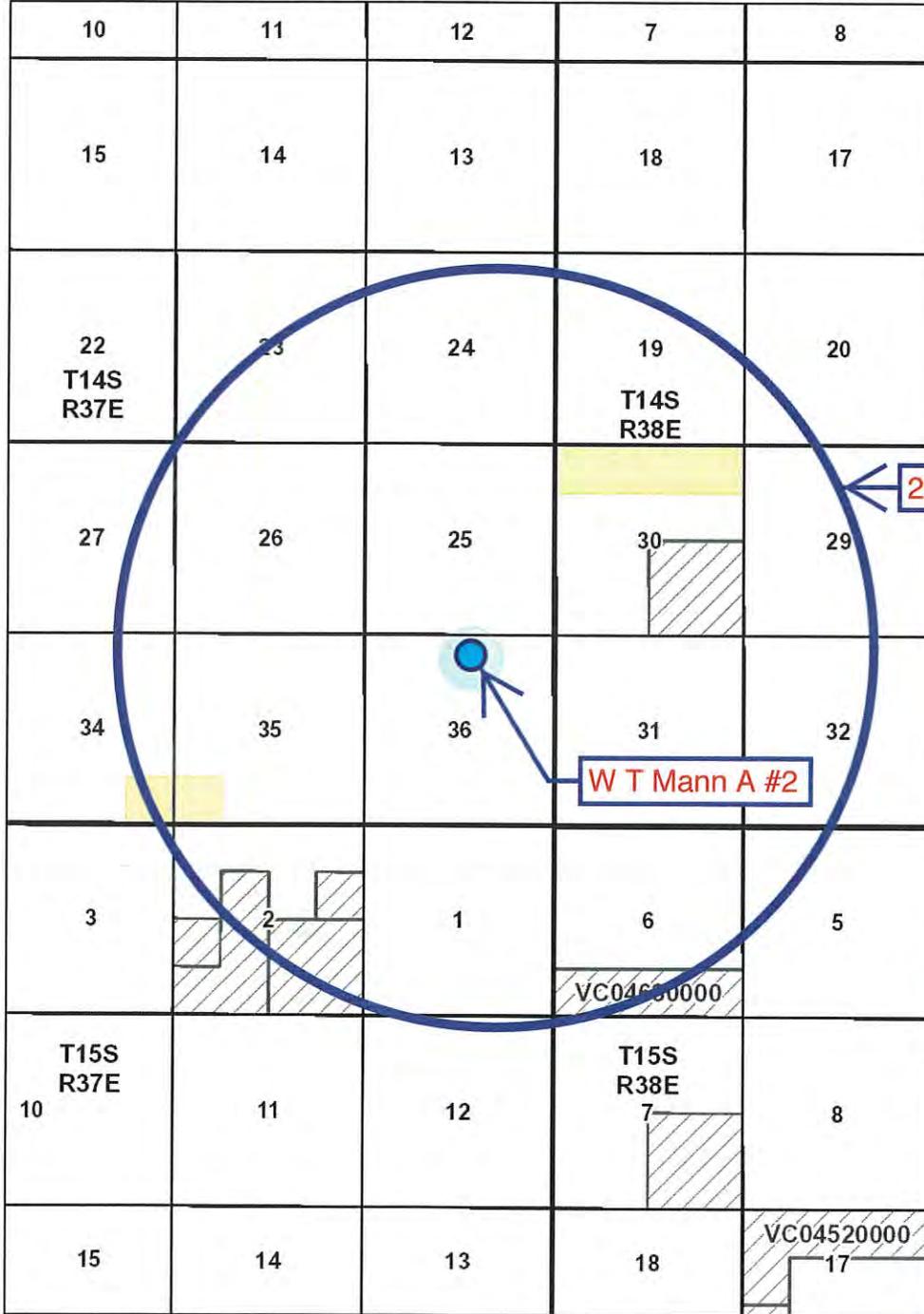


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Oil, Gas, and Minerals Leases and Wells

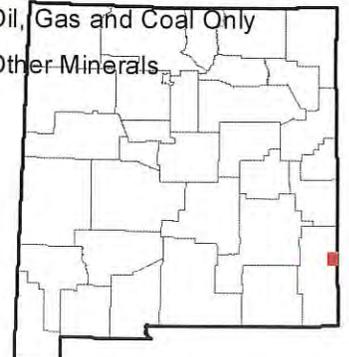
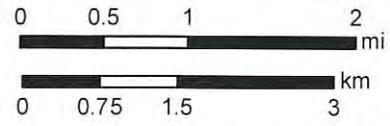


2 mile radius

W T Mann A #2

Legend

- Override 1
- Townships
- Sections
- Unit Agreement Boundaries
- Oil and Gas Leases
- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals



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Devonian penetrators sorted by distance from T D Pope 36 #10

WELL	SPUD	TVD	POOL	TYPE	HOLE O.D.	CASING O.D.	SET @	CEMENT	TOC	HOW TOC DETERMINED
T D Pope 36 006	9/1/53	12643	Denton; Devonian	O	17.5	13.375	300	350 sx	Surface	Circ
3002505214					11	9.625	4770	2063 sx	1510	Temp survey
D-36-14S-37E					8.75	7	12414	600 sx	8920	Temp survey
T D Pope 36 009	1/21/54	12644	Denton; Devonian	O	17.5	13.375	322	350 sx	Surface	Circ
3002505217					11	9.625	4773	2814 sx	1630	Temp survey
C-36-14S-37E					7.875	5.5	12643	750 sx	7980	CBL
Buckley A 001	7/31/53	12406	Denton; Devonian	O	15	13.375	373	350 sx	Surface	Circ 35 sx
3002505118					11	8.625	4732	2500 sx	Surface	Circ 400 sx
M-25-14S-37E					7.875	5.5	12281	800 sx	7450	Temp survey
Buckley A 004	4/17/54	12687	Denton; Devonian	O	18	13.375	338	400 sx	Surface	Circ
3002505122					11	8.625	4749	2450 sx	Surface	Circ 150 sx
N-25-14S-37E					7.875	5.5	12291	870 sx	8250	CBL
Pope 35 021	8/1/53	12635	Denton; Devonian	P&A	17.25	13.375	425	550 sx	Surface	Circ 20 sx
3002505195					11	8.625	4821	2831 sx	Surface	Calc
A-35-14S-37E					7.875	5.5	12635	1350 sx	7735	Calc

Devonian penetrators sorted by distance from T D Pope 36 #10

T D Pope 36 005	9/3/53	13800	Denton; Devonian	O	17.25	13.375	311	350 sx	Surface	Circ
3002505213					12.75	9.625	4774	2454 sx	Surface	Calc
E-36-14S-37E					8.75	7	12642	700 sx	8585	Temp survey
					6	4.5	13800	180 sx	12100	TOL
T D Pope 36 008	1/31/54	12745	Denton; Devonian	O	17.25	13.375	314	350 sx	Surface	Circ
3002505216					12.25	9.625	4778	2480 sx	2060	Temp survey
F-36-14S-37E					8.75	7	12640	875 sx	8640	Temp survey
T D Pope 26 010	4/10/53	12637	Denton; Devonian	O	17.5	13.375	452	450 sx	Surface	Circ
3002505145					11	8.625	4840	2404 sx	Surface	Circ 1400 sx
P-26-14S-37E					7.875	5.5	12637	850 sx	4610	TOL
W T Mann A 002	6/7/54	12630	Denton; Devonian	I	17.25	13.375	320	375 sx	Surface	Circ
3002505204					12.25	9.625	4788	2400 sx	1310	Temp survey
B-36-14S-37E					8.75	7	12258	600 sx	11175	CBL
					8.75	4.5	12971	125 sx	12300	Circ

Devonian penetrators sorted by distance from T D Pope 36 #10

T D Pope 35 034	5/11/11	12917	Denton; Devonian	O	17.5	13.375	372	445 sx	Surface	Circ 167 sx
3002540033					12.25	9.625	4795	1725 sx	Surface	Circ
A-35-14S-37E					8.75	7	12015	1085 sx	7290	CBL
					6	4.5	12917	100 sx	11823	TOL
Denton North Wolfcamp 001	11/12/54	12669	Denton; Wolfcamp	P&A	17.5	13.375	355	310 sx	Surface	Circ
3002505116					12.25	9.625	4737	463 sx	1735	Calc
O-25-14S-37E					7.875	5.5	12669	460 sx	9536	Calc
Denton North Wolfcamp Unit 005	8/11/54	12600	Denton; Wolfcamp	O	17.25	13.375	340	375 sx	Surface	Circ 20 sx
3002505123					11	8.625	4730	2200 sx	Surface	Circ 200 sx
K-25-14S-37E					7.875	5.5	12321	1000 sx	7440	Temp survey
Buckley A 003	12/5/53	12706	Denton; Devonian	O	17.5	13.375	342	350 sx	Surface	Circ
3002505121					11	8.625	4772	3000 sx	990	Temp survey
L-25-14S-37E					7.875	5.5	12247	800 sx	8215	Temp survey
T D Pope 023	8/17/53	12630	Denton; Devonian	P&A	17.5	13.375	467	500 sx	Surface	Calc
3002505197					11	8.625	4850	3069 sx	Surface	Calc
H-35-14S-37E					7.875	5.5	12630	1125 sx	4620	TOL

Devonian penetrators sorted by distance from T D Pope 36 #10

Denton North Wolfcamp Unit 632	4/24/95	12550	Denton; Wolfcamp	O	17.5	13.375	363	400 sx	Surface	Circ 20 sx
3002532918					12.25	8.625	4820	1500 sx	Surface	Calc
B-35-14S-37E					7.875	5.5	12550	1230 sx	6725	CBL
T D Pope 35 002H	4/1/05	12647	Denton; Devonian	O	17.5	13.625	415	425 sx	Surface	Circ 126 sx
3002537032					12.25	9.625	4580	400 sx	Surface	Circ 80 bbls
H-35-14S-37E					8.75	7	12830	1900 sx	Surface	Calc
Denton North Wolfcamp 003	8/4/54	12642	Denton; Wolfcamp	P&A	17.5	13.375	318	375 sx	Surface	Circ
3002505205					12.25	9.625	4790	2500 sx	1030	Temp survey
G-36-14S-37E					8.75	7	12641	600 sx	8060	Temp survey
Denton North Wolfcamp Unit 633	1/3/96	13160	Denton; Wolfcamp	I	17	13.375	396	475 sx	Surface	Circ 50 sx
3002533090					12.25	8.625	4801	1470 sx	Surface	Circ 45 sx
G-35-14S-37E					7.875	5.5	13160	1475 sx	6280	CBL

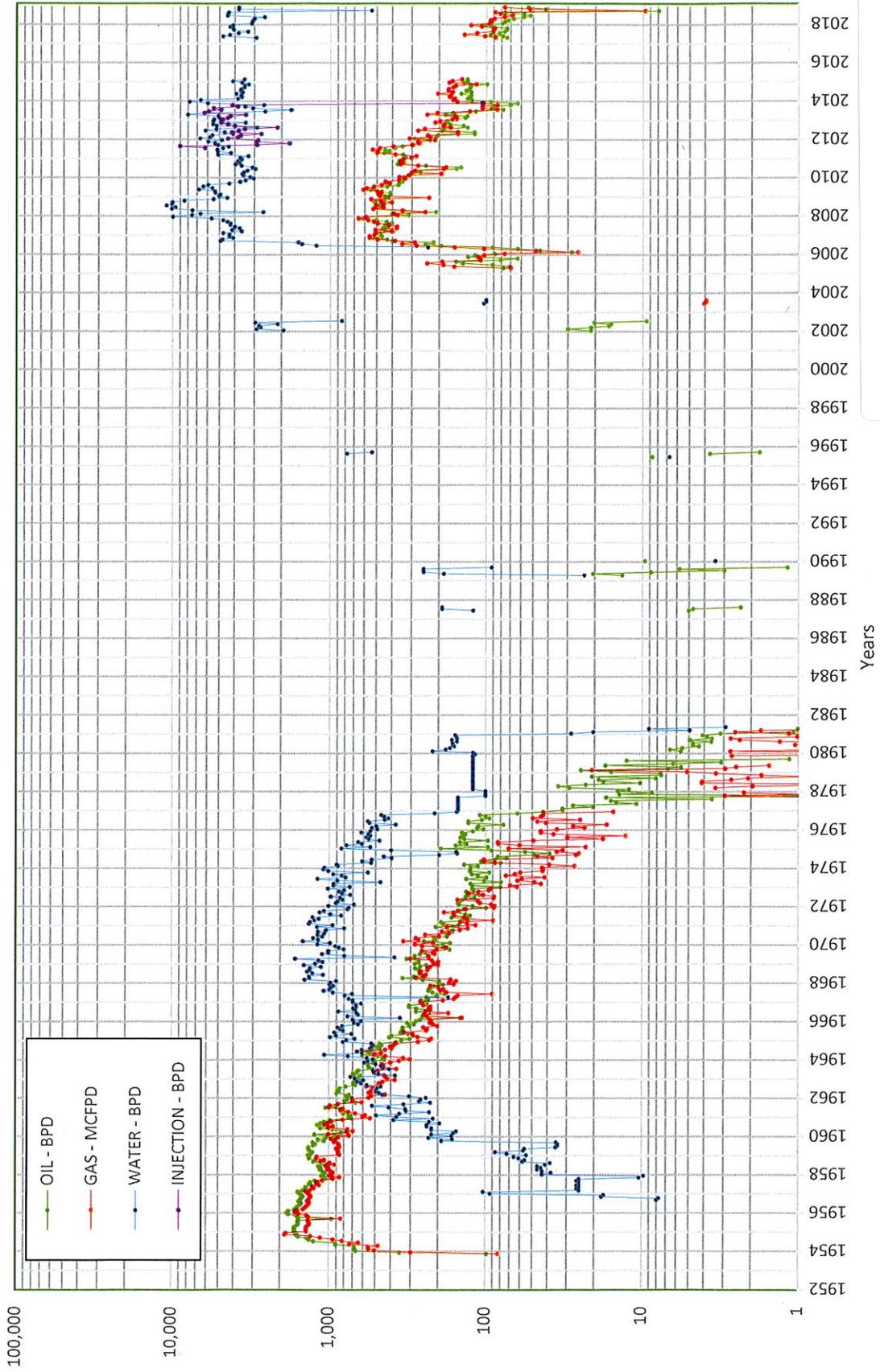
Devonian penetrators sorted by distance from W T Mann A #2

WELL	SPUD	TVD	POOL	TYPE	HOLE O.D.	CASING O.D.	SET @	CEMENT	TOC	HOW TOC DETERMINED
Denton North Wolfcamp 001	11/12/54	12669	Denton; Wolfcamp	P&A	17.5	13.375	355	310 sx	Surface	Circ
3002505116					12.25	9.625	4737	463 sx	1735	Calc
O-25-14S-37E					7.875	5.5	12669	460 sx	9536	Calc
T D Pope 36 009	1/21/54	12644	Denton; Devonian	O	17.5	13.375	322	350 sx	Surface	Circ
3002505217					11	9.625	4773	2814 sx	1630	Temp survey
C-36-14S-37E					7.875	5.5	12643	750 sx	7980	Temp survey
Denton North Wolfcamp 003	8/4/54	12642	Denton; Wolfcamp	P&A	17.5	13.375	318	375 sx	Surface	Circ
3002505205					12.25	9.625	4790	2500 sx	1030	Temp survey
G-36-14S-37E					8.75	7	12641	600 sx	8060	Temp survey
Buckley A 004	4/19/54	12687	Denton; Devonian	O	18	13.375	338	400 sx	Surface	Circ
3002505122					11	8.625	4749	2450 sx	Surface	Circ 150 sx
N-25-14S-37E					7.875	5.5	12291	870 sx	8250	CBL

Devonian penetrators sorted by distance from W T Mann A #2

T D Pope 36 008	1/31/54	12745	Denton; Devonian	O	17.25	13.375	314	350 sx	Surface	Circ
3002505216					12.25	9.625	4778	2480 sx	2060	Temp survey
F-36-14S-37E					8.75	7	12640	875 sx	8640	Temp survey
T D Pope 36 010	1/26/11	12760	Denton; Devonian	I	17.5	13.375	335	445 sx	Surface	Circ 15 sx
3002539999					12.25	9.625	4790	1855 sx	Surface	Circ 706 sx
D-36-14S-37E					8.75	7	12185	1030 sx	9250	CBL
					6.125	4.5	12759	92 sx	12040	TOL
Denton North Wolfcamp 002	3/27/55	12741	Denton; Wolfcamp	P&A	17.5	13.375	350	310 sx	Surface	Circ
3002505117					12.25	9.625	4726	463 sx	1748	Calc
J-25-14S-37E					7.875	5.5	12471	560 sx	8927	Calc
T D Pope 36 006	9/1/53	12601	Denton; Devonian	O	17.5	13.375	300	350 sx	Surface	Circ
3002505214					11	9.625	4770	2063 sx	1510	Temp survey
D-36-14S-37E					8.75	7	12414	600 sx	8920	Temp survey

Wishbone Texas Operating Co. LLC
Denton Devonian Field Waterflood Pilot
 Cum Oil - 6,395 MBO, Cum Gas - 5,372 MMCF, Cum Water - 22, 856 MBW



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

NMOCD – ACOI- 369

IN THE MATTER OF WISHBONE TEXAS OPERATING COMPANY, LLC

Respondent.

INACTIVE WELL
AGREED COMPLIANCE ORDER

Pursuant to the New Mexico Oil and Gas Act, NMSA 1978, Sections 70-2-1 through 70-2-38, as amended ("Act") and OCD Rule 19.15.5.10(E) NMAC, the Director of the Oil Conservation Division ("OCD") and Wishbone Texas Operating Company, LLC ("Operator") enter into this Inactive Well Agreed Compliance Order ("Order" or "ACOI"). Operator agrees to plug, place on approved temporary abandonment status, or restore to production or other beneficial use the wells identified herein in accordance with the following agreed schedule and procedures, or face the possibility of no further agreed compliance orders. See 19.15.25.8 NMAC

FINDINGS

1. The OCD is the state division charged with administration and enforcement of the Act, and rules and orders adopted pursuant to the Act.
2. Operator is a Company doing business in the state of New Mexico.
3. Operator is the operator of record under OGRID 370256 for the wells identified in Exhibit "A," attached.
4. OCD Rule 19.15.25.8 NMAC states, in relevant part:

"A. The operator of wells drilled for oil or gas or services wells including seismic, core, exploration or injection wells, whether cased or uncased, shall plug the wells as Subsection B of 19.15.25.8 NMAC requires.

B. The operator shall either properly plug and abandon a well or place the well in approved temporary abandonment in accordance with 19.15.25 NMAC within 90 days after:

....

....

(3) a period of one year in which a well has been continuously inactive."

5. The wells identified in Exhibit "A"

ACOI

**Application of Wishbone Texas Operating
Company, LLC
Case No. 20406**

- (a) have been continuously inactive for a period of one year plus 90 days;
 - (b) are not plugged or abandoned in accordance with OCD Rule 19.15.25.9 NMAC through 19.15.25.11 NMAC; and
 - (c) are not on approved temporary abandonment status in accordance with OCD Rule 19.15.25.12 NMAC through 19.15.25.14 NMAC.
6. An operator faces sanctions if it is out of compliance with OCD Rule 19.15.5.9 NMAC. Sanctions include possible denial of registration by operator or certain related entities (OCD Rule 19.15.9.8B NMAC), possible denial of change of operator that would transfer wells to the noncompliant operator (OCD Rule 19.15.9.9C.1 NMAC), mandatory denial of injection permits (OCD Rule 19.15.26.8A NMAC), possible revocation of injection permits after notice and hearing (OCD Rule 19.15.26.8A NMAC), possible denial of applications for a drilling permit (OCD Rule 19.15.14.10A NMAC), and mandatory denial of allowable and authorization to transport (OCD Rule 19.15.16.19A NMAC).
7. Operator is currently out of compliance with OCD Rule 19.15.5.9.A(4) NMAC because it has too many wells out of compliance with OCD Rule 19.15.25.8 NMAC (the inactive well rule) that are not subject to an agreed compliance order setting a schedule for bringing the wells into compliance with the inactive well rule and imposing sanctions if the schedule is not met. See OCD Rule 19.15.5.9(A)(4) NMAC.
8. As the operator of record of 49 wells, to be in compliance with OCD Rule 19.15.5.9.A(4) NMAC, Operator may have no more than 2 wells out of compliance with OCD Rule 19.15.25.8 NMAC (inactive well rule). See OCD Rule 19.15.5.9A(4)(b) NMAC. According to the inactive well list kept pursuant to OCD Rule 19.15.5.9(F) NMAC, Operator has 9 wells out of compliance as of **January 29, 2019**. The Operator's inactive well list, dated **January 29, 2019** is attached as Exhibit "A." Operator faces sanctions for being out of compliance with OCD Rule 19.15.5.9 NMAC.
9. Operator intends to seek privileges from the OCD that would be subject to sanction due to Operator being out of compliance with OCD Rule 19.15.5.9 NMAC. By placing the wells identified in Exhibit "A" under this Order, Operator will not face sanctions for being out of compliance with OCD Rule 19.15.5.9 NMAC.

CONCLUSIONS

1. The OCD has jurisdiction over the parties and subject matter in this proceeding.

2. The wells identified in Exhibit "A" are out of compliance or will be out of compliance with OCD Rule 19.15.25.8 NMAC.
3. As operator of the wells identified in Exhibit "A," Operator is responsible for bringing those wells into compliance with OCD Rule 19.15.25.8 NMAC.
4. The OCD and Operator enter into this Order to remove the wells identified in Exhibit "A" from the inactive well list kept pursuant to OCD Rule 19.15.5.9(F) NMAC and consideration of Operator's compliance with the inactive well rule for purposes of Operator's compliance with OCD Rule 19.15.5.9 NMAC. Operator remains subject to sanctions for being out of compliance with OCD Rule 19.15.5.9 NMAC IF Operator becomes out of compliance with OCD Rule 19.15.5.9 NMAC for any reason other than the inactive wells identified in Exhibit "A."

ORDER

1. Operator agrees to bring 5 wells identified in Exhibit "A" into compliance with OCD Rule 19.15.25.8 NMAC by **August 1, 2019** via
 - (a) restoring the well to production or other OCD-approved beneficial use and filing a C-115 documenting such production or use;
 - (b) causing the wellbore to be plugged in accordance with OCD Rule 19.15.25.10(B) NMAC and filing a C-103 describing the completed work; or
 - (c) placing the well on approved temporary abandonment status in accordance with OCD Rule 19.15.25.12 NMAC through 19.15.25.14 NMAC.
2. **Prior to completing the term of this agreement, the operator agrees to provide a comprehensive plan, acceptable to the division, as to how it will address the remaining inactive wells on Exhibit "A". Failure to provide such a plan may result in the division denying future amendments to this agreement.** Oil and gas produced during swabbing does not count as production for purposes of this Order.
3. Operator shall file a **monthly** compliance report, **due on the last day of each month**, identifying each well returned to compliance, stating the date it was returned to compliance and describing how the well was returned to compliance (restored to production or other approved beneficial use, plugged wellbore, approved temporary abandonment status.) Transfer of a well identified on Exhibit "A" to another operator does not count towards Operator's obligation to return wells to compliance under the terms of this Order, but does reduce the total number of wells for which Operator is responsible under the terms of this Order. The final written compliance report must be mailed or e-mailed to the OCD's Enforcement and Compliance Manager and to the OCD attorney in charge of inactive well agreed

compliance orders so that it is received by the compliance deadline of **August 1, 2019**. The total length of this Agreed Compliance Order is six months.

4. Operator understands that if it fails to meet the terms of this Order, the OCD may decide not to enter into any further agreed compliance orders with Operator. **If any more wells become inactive during the duration of this ACOI or the operator is in any other way in violation of OCD Rule 19.15.5.9 NMAC, this ACOI may terminate, at the sole discretion of the Division.**

5. This Order shall expire on **September 1, 2019**. At that time, any wells on Exhibit "A" not in compliance with OCD Rule 19.15.25.8 NMAC will appear on the inactive well list kept pursuant to OCD Rule 19.15.5.9(F) NMAC, and will be considered when determining Operator's compliance with OCD Rule 19.15.5.9 NMAC.

6. By signing this Order, Operator expressly:
 - (a) acknowledges the correctness of the Findings and Conclusions set forth in this Order;
 - (b) agrees to return to compliance 5 wells identified in Exhibit "A" by **August 1, 2019**;
 - (c) agrees to submit a compliance report as required in Ordering Paragraph 3 by the **August 1, 2019** compliance deadline set by this Order;
 - (d) waives any right, pursuant to the Oil and Gas Act or otherwise, to an appeal from this Order, or to a hearing either prior to or subsequent to the entry of this Order other than a hearing on a request for waiver; and
 - (e) agrees that the Order may be enforced by OCD or Oil Conservation Commission Order, by suit or otherwise to the same extent and with the same effect as a final Order of the OCD or Oil Conservation Commission entered after notice and hearing in accordance with all terms and provisions of the Oil and Gas Act.

7. This Order applies only to the enforcement of OCD Rule 19.15.25.8 NMAC against those wells identified in Exhibit "A." Other wells operated by Operator out of compliance with OCD Rule 19.15.25.8 NMAC may be subject to immediate enforcement action under the Oil and Gas Act and OCD Rules. Wells identified in Exhibit "A" that are out of compliance with the Oil and Gas Act or OCD Rules other than OCD Rule 19.15.25.8 NMAC may be subject to immediate enforcement action under the Oil and Gas Act and OCD Rules.

8. The OCD reserves the right to file an application for hearing to obtain authority to plug any well identified in Exhibit "A" and forfeit the applicable financial assurance if the well poses an immediate environmental threat.

ACOI

Done at Santa Fe, New Mexico this 18th day of February, 2019

By: _____
Gabriel Wade
Acting Director, Oil Conservation

Division

ACCEPTANCE

Wishbone Texas Operating Company, LLC hereby accepts the foregoing Order and agrees to all of the terms and provisions set forth in that Order.

By: _____
(Please print name) H CRAIG CLARK
Title: CEO
Date: 2/11/19

Exhibit "A" to Agreed Compliance Order for Wishbone Texas Operating Company, LLC

Total Well Count: 49 Inactive Well Count: 9
Printed On: Tuesday, January 29 2019

District	API	Well	ULSTR	OCD Unit	Ogrid	Operator	Lease Type	Well Type	Last Production	Formation/Notes	Status	TA Exp Date
1	30-025-05122	BUCKLEY A #004	N-25-14S-37E	N	370256	WISHBONE TEXAS OPERATING COMPANY LLC		O	01/2014	DEVONIAN	T	11/16/2018
1	30-025-05127	BUCKLEY B #004	F-25-14S-37E	F	370256	WISHBONE TEXAS OPERATING COMPANY LLC		O	06/2017	PENN RETURN TO PROD 11/07/2007		
1	30-025-07303	J G COX SWD #001	C-13-17S-38E	C	370256	WISHBONE TEXAS OPERATING COMPANY LLC		S	08/2016	SAN ANDRES/BONE SPRING		
1	30-025-09863	PRIEST #003	3-01-15S-37E	C	370256	WISHBONE TEXAS OPERATING COMPANY LLC		O	07/2012		T	9/19/2017
1	30-025-05133	SHELTON #006	D-26-14S-37E	D	370256	WISHBONE TEXAS OPERATING COMPANY LLC		O	05/2008		T	1/28/2018
1	30-025-05229	State T Devonian #004	M-02-15S-37E	M	370256	WISHBONE TEXAS OPERATING COMPANY LLC		O	08/2011		T	9/8/2018
1	30-025-25570	State T Devonian #009	N-02-15S-37E	N	370256	WISHBONE TEXAS OPERATING COMPANY LLC		O	05/2006	DEVONIAN TA 01/08/09 TA EXP 01/14/2016	T	3/28/2018
1	30-025-37175	T D POPE 35 #003H	G-35-14S-37E	G	370256	WISHBONE TEXAS OPERATING COMPANY LLC		O	08/2012	DEVONIAN / DIRECTIONAL DRILL		
1	30-025-39999	T D POPE 36 #010	D-36-14S-37E	D	370256	WISHBONE TEXAS OPERATING COMPANY LLC		I	10/2012	DEVONIAN CONVERT TO INJ 12/29/2011		

WHERE Operator:370256, County:All, District:All, Township:All, Range:All, Section:All, Production(months):15, Excludes Well Under ACOI, Excludes Wells in Approved TA Period

By: 
Title: CEO

ACOI

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
311 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

WELL API NO. 30-025-05122	7. Lease Name or Unit Agreement Name Buckley A
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	8. Well Number 4
6. State Oil & Gas Lease No.	9. OGRID Number 370256
10. Pool name or Wildcat Denton Devonian	
11. Elevation (Show whether DR, RKB, RT, GR, etc) 3807'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Wishbone Texas Operating Company LLC

3. Address of Operator
10613 W. Sam Houston Pkwy N #400, Houston, Texas, 77064

4. Well Location
Unit Letter N : 330 feet from the South line and 1650' feet from the West line
Section 25 Township 14S Range 37E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
 PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:
 REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11-13-2017 (1) MIRU Pulling Unit
 11-15-2017 (2) RU WL TH w/ 5 1/2" CIBP. Set @ 12,200' Cap w/ 35' Cement. RD WL.
 11-15-2017 (3) Notify NMOCD of casing integrity test.
 11-16-2017 (4) PU & TH w/ Tbg. Displace hole w/ corrosion inhibitor and fresh water.
 11-16-2017 (5) Pressure Test the casing to 500# (with chart recorder) for 30 minutes.
 TBD (6) Evaluate for disposal well.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Melroy Dyk TITLE Production Foreman DATE 11-19
 Type or print name Melroy Dyk E-mail address: melroydyk@wishbonecorp.com PHONE: 935-565-9233
 For-State Use Only

APPROVED BY: Wishbone Texas Operating Company, LLC TITLE Operator DATE 11-19
 Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources

Submit 1 Copy To Appropriate District
Office:
District I - (505) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (505) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-05133
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Shelton
8. Well Number 006
9. OGRID Number 370256
10. Pool name or Wildcat Devonian
11. Elevation (Show whether DR, RKB, RT, etc.) 3822
12. Township 14S Range 37E NMPM County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Wishbone Texas Operating Company LLC

3. Address of Operator
10613 W. Sam Houston Pkwy N #400, Houston, Texas, 77064

4. Well Location
Unit Letter: D : 990 feet from the North line and 660 feet from the West line
Section 26 Township 14S Range 37E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING
 TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A
 PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB
 DOWNHOLE COMMINGLE OTHER:
 CLOSED-LOOP SYSTEM

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MIT TA Extension

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Wayne Dorf TITLE Proprietor Foreman DATE 3/20/19
 Type or print name Wayne Dorf E-mail address: W.Dorf@wntexasop.com PHONE: 505-586-5183
 For-State Use Only
 APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

1625 N. French Dr., Hobbs, NM 88240
 District I - (575) 393-6161
 District II - (575) 748-1283
 District III - (505) 334-6178
 District IV - (505) 476-3160
 1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.
 30-025-25570

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
 State T Devonian

8. Well Number 9

9. OGRID Number 370256

10. Pool name or Wildcat
 Devonian

11. Elevation (Slope with/er DR, RKB, RT, GR, etc.)
 Section 2 Township 15S Range 37E NMPM County Lea
 3799'

4. Well Location
 Unit Letter N : 350 feet from the South line and 1650 feet from the West line
 Section 2 Township 15S Range 37E NMPM County Lea
 10613 W. Sam Houston Pkwy N #400, Houston, Texas, 77064

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

- Type of Well: Oil Well Gas Well Other
- Name of Operator
 Wisebrite Texas Operating Company LLC
- Address of Operator
 10613 W. Sam Houston Pkwy N #400, Houston, Texas, 77064
- Well Location
 Unit Letter N : 350 feet from the South line and 1650 feet from the West line
 Section 2 Township 15S Range 37E NMPM County Lea
 10613 W. Sam Houston Pkwy N #400, Houston, Texas, 77064

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

- NOTICE OF INTENTION TO:**
- PERFORM REMEDIAL WORK
 - TEMPORARILY ABANDON
 - PULL OR ALTER CASING
 - DOWNHOLE COMMINGLE
 - CLOSED-LOOP SYSTEM
 - OTHER:
- SUBSEQUENT REPORT OF:**
- REMEDIAL WORK
 - COMMENCE DRILLING OPNS
 - CASING/CEMENT JOB
 - ALTERING CASING
 - P AND A

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Wesley E. Jeps TITLE: Production Foreman DATE: 9/10/19
 Type or print name: Wesley E. Jeps E-mail address: wesley@wvenergy.com PHONE: 405-586-5723
 For State Use Only
 APPROVED BY: _____ TITLE: _____ DATE: _____
 Conditions of Approval (if any): _____

Submit 1 Copy To Appropriate District Office
 District I - (975) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 311 S. First St., Artesia, NM 88210
 District III - (505) 334-6778
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3960
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-052229	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name State T Devonian	
8. Well Number 4	
9. OGRID Number 370256	
10. Pool name or Wildcat Devonian	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Unit Letter: M	feet from the South line and 660 feet from the West line
Section 2	Township 15S Range 37E NMPM County Len
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3798'	

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other
 2. Name of Operator
 Wshibbone Texas Operating Company LLC
 3. Address of Operator
 10613 W. Sam Houston Pkwy N #400, Houston, Texas, 77064

4. Well Location
 Unit Letter: M
 Section 2 Township 15S Range 37E NMPM County Len
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3798'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/REPAIR JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>			

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MITT TA Extension

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Wayne Dyer TITLE Production Foreman DATE 8/10/19
 Type or print name Wayne Dyer E-mail address: waynedyer@mtta.com PHONE: 432-558-8125
 For State Use Only
 APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

District I1825 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720**District II**811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-8720**District III**1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170**District IV**1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3482

State of New Mexico
Energy, Minerals and Natural
Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505
Change of Operator

Form C-145
Revised May 19, 2017

Permit 266642

Previous Operator Information

OGRID: 370256
 Name: WISHBONE TEXAS OPERATING COMPANY LLC
 Address: 10813 W Sam Houston Parkway N
Suite 400
 City, State, Zip: Houston, TX 77064

New Operator Information

Effective Date: Effective on the date of approval by the OCD
 OGRID: 19958
 Name: STEPHENS & JOHNSON OP CO
 Address: P.O. Box 2249
 City, State, Zip: Wichita Falls, TX 76307

I hereby certify that the rules of the Oil Conservation Division ("OCD") have been complied with and that the information on this form and the certified list of wells is true to the best of my knowledge and belief.

Additionally, by signing below, STEPHENS & JOHNSON OP CO certifies that it has read and understands the following synopsis of applicable rules.

PREVIOUS OPERATOR certifies that all below-grade tanks constructed and installed prior to June 16, 2008 associated with the selected wells being transferred are either (1) in compliance with 19.15.17 NMAC, (2) have been closed pursuant to 19.15.17.13 NMAC or (3) have been retrofitted to comply with Paragraphs 1 through 4 of 19.15.17.11(l) NMAC.

STEPHENS & JOHNSON OP CO understands that the OCD's approval of this operator change:

1. constitutes approval of the transfer of the permit for any permitted pit, below-grade tank or closed-loop system associated with the selected wells; and
2. constitutes approval of the transfer of any below-grade tanks constructed and installed prior to June 16, 2008 associated with the selected wells, regardless of whether the transferor has disclosed the existence of those below-grade tanks to the transferee or to the OCD, and regardless of whether the below-grade tanks are in compliance with 19.15.17 NMAC.

Application of Wishbone Texas Operating
Company, LLC
Case No. 20406
C-145 for TD Pope 35-3 Well
EXHIBIT #12

As the operator of record of wells in New Mexico, STEPHENS & JOHNSON OP CO agrees to the following statements:

1. Initials DC I am responsible for ensuring that the wells and related facilities comply with applicable statutes and rules, and am responsible for all regulatory filings with the OCD. I am responsible for knowing all applicable statutes and rules, not just the rules referenced in this list. I understand that the OCD's rules are available on the OCD website under "Rules," and that the Water Quality Control Commission rules are available on the OCD website on the "Publications" page.
2. Initials DC I understand that if I acquire wells from another operator, the OCD must approve the operator change before I begin operating those wells. See Subsection B of 19.15.9.9 NMAC. I understand that if I acquire wells or facilities subject to a compliance order addressing inactive wells or environmental cleanup, before the OCD will approve the operator change it may require me to enter into an enforceable agreement to return those wells to compliance. See Paragraph (2) of Subsection C of 19.15.9.9 NMAC.
3. Initials DC I must file a monthly C-115 report showing production for each non-plugged well completion for which the OCD has approved an allowable and authorization to transport, and injection for each injection well. See 19.15.7.24 NMAC. I understand that the OCD may cancel my authority to transport from or inject into all the wells I operate if I fail to file C-115 reports. See Subsection C of 19.15.7.24 NMAC.
4. Initials DC I understand that New Mexico requires wells that have been inactive for certain time periods to be plugged or placed in approved temporary abandonment. See 19.15.25.8 NMAC. I understand the requirements for plugging and approved temporary abandonment in 19.15.25 NMAC. I understand that I can check my compliance with the basic requirements of 19.15.25.8 NMAC by using the "Inactive Well List" on OCD's website.
5. Initials DC I must keep current with financial assurances for well plugging. I understand that New Mexico requires each state or fee well that has been inactive for more than two years and has not been plugged and released to be covered by a single-well financial assurance or a "blanket plugging financial assurance for wells in temporarily abandoned statuses", even if the well is also covered by a blanket financial assurance and even if the well is on approved temporary abandonment status. See Subsection C of 19.15.8.9 NMAC. I understand that I can check my compliance with the financial assurance requirement by using the "Inactive Well Additional Financial Assurance Report" on the OCD's website.
6. Initials DC I am responsible for reporting and remediating releases pursuant to 19.15.29 NMAC. I understand the OCD will look to me as the operator of record to take corrective action for releases at my wells and related facilities, including releases that occurred before I became operator of record. I am responsible for conducting my own due diligence for any releases that have occurred prior to becoming operator of my wells and related facilities and am responsible for any open releases or unreported releases.
7. Initials DC I have read 19.15.5.9 NMAC, commonly known as "Part 5.9," and understand that to be in compliance with its requirements I must have the appropriate financial assurances in place, comply with orders requiring corrective action, pay penalties assessed by the courts or agreed to by me in a settlement agreement, and not have too many wells out of compliance with the inactive well rule (19.15.25.8 NMAC). If I am in violation of Part 5.9, I may not be allowed to drill, acquire or produce any additional wells, and will not be able to obtain any new injection permits. See 19.15.16.19 NMAC, 19.15.26.8 NMAC, 19.15.9.9 NMAC and 19.15.14.10 NMAC. If I am in violation of Part 5.9 the OCD may, after notice and hearing, revoke my existing injection permits and seek other relief. See 19.15.26.8 NMAC and 19.15.5.10 NMAC.
8. Initials DC For injection wells, I understand that I must report injection on my monthly C-115 report and must operate my wells in compliance with 19.15.26 NMAC and the terms of my injection permit. I understand that I must conduct mechanical integrity tests on my injection wells at least once every five years. See 19.15.26.11 NMAC. I understand that when there is a continuous one-year period of non-injection into all wells in an injection or storage project or into a saltwater disposal well or special purpose injection well, authority for that injection automatically terminates. See 19.15.26.12 NMAC. I understand that if I transfer operation of an injection well to another operator, the OCD must approve the transfer of authority to inject, and the OCD may require me to demonstrate the well's mechanical integrity prior to approving that transfer. See 19.15.26.15 NMAC.
9. Initials DC I am responsible for providing the OCD with my current address of record and emergency contact information, and I am responsible for updating that information when it changes. See Subsection C of 19.15.9.8 NMAC. I understand that I can update that information on the OCD's website under "Electronic Permitting."
10. Initials DC If I transfer well operations to another operator, the OCD must approve the change before the new operator can begin operations. See Subsection B of 19.15.9.9 NMAC. I remain responsible for the wells and related facilities and all related regulatory filings until the OCD approves the operator change. I understand that the transfer will not relieve me of responsibility or liability for any act or omission which occurred while I operated the wells and related facilities.
11. Initials DC No person with an interest exceeding 25% in the undersigned company is, or was within the last 5 years, an officer, director, partner or person with a 25% or greater interest in another entity that is not currently in compliance with Subsection A of 19.15.5.9 NMAC.
12. Initials DC NMOCD Rule Subsection E and F of 19.15.16.8 NMAC: An operator shall have 90 days from the effective date of an operator name change to change the operator name on the well sign unless the division grants an extension time, for good cause shown, along with a schedule for making the changes. Each sign shall show the (1) well number, (2) property name, (3) operator's name, (4) location by footage, quarter-quarter section, township and range (or unit letter can be substituted for the quarter-quarter section), and (5) API number.

I hereby certify I understand the above. The statements I have made are true and correct and a condition precedent to the Oil Conservation Division accepting this Change of Operator.

Previous Operator

Signature:

H. Craig Clark

Printed Name:

H Craig Clark

Title:

CEO

Date:

4/1/19

Phone:

(632)807-2210

New Operator

Signature:

Devire D. Crabb

Printed Name:

Devire D. Crabb

Title:

Eng. Asset

Date:

4/2/2019

Phone:

940-716-5376

Permit 265642

District I
 1626 N. French Dr., Hobbs, NM 88240
 Phone:(575) 393-6101 Fax:(575) 393-0720
District II
 811 S. First St., Artesia, NM 88210
 Phone:(575) 748-1283 Fax:(575) 748-9720
District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
 1220 S. St Francis Dr., Santa Fe, NM 87505
 Phone:(505) 476-3470 Fax:(505) 476-3482

**State of New Mexico
 Energy, Minerals and Natural
 Resources
 Oil Conservation Division
 1220 S. St Francis Dr.
 Santa Fe, NM 87505**

Wells Selected for Transfer

Permit 266842

1 Well Selected for Transfer

From:	WISHBONE TEXAS OPERATING COMPANY LLC	OGRID:	370258
To:	STEPHENS & JOHNSON OP CO	OGRID:	19958

OCD District Hobbs (1 Well selected.)

Property	Well	Lease Type	ULSTR	OCD Unit	API	Well Type	Pool ID	Pool Name	Last Prod(m)	Single Well Bond Required for Inactive Well
317490	T D POPE 35 #003H	P	G-35-14S-37E	G	30-026-37175	O	16910	DENTON; DEVONIAN	08/12	18951

Total of Single Well Bonds Required for Inactive Wells	18951
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